

Milieu Therapy

How to implement it in Aceh mental hospital

Muhammad Armiyadi



Høgskolen i **Hedmark**

HØGSKOLEN I HEDMARK

2012

Abstract

TITLE: MILIEU THERAPY: HOW TO IMPLEMENT IT IN WARDS OF ACEH MENTAL HOSPITAL

Keywords: Milieu therapy, mental health, empowerment, rights of patients and motivation

Aceh mental hospital in collaboration with Sabang nursing academy and Hedmark University College will develop local knowledge about milieu therapy in the hospital. This project is conducted by co-operative inquiry research. The collaboration began from 2009 to 2012. This study is the third part of collaboration project. The purpose of study is to find the best ways to implement milieu therapy in wards of Aceh mental hospital.

Dialog-based teaching is an important intervention in this study. Data was collected with multi-step focus group interviews with using eight nurses of each of two wards in the hospital as samples, and analyzed by using qualitative content analysis.

The results of the study which include the categories were identified: necessity implementation of milieu therapy, some challenges to implement milieu therapy, aspirations in implementation of milieu therapy, and the need to involve staff, patients and families.

It looks clearly there is a desire of the respondents to provide better treatment for the patients and one of the best ways is by implementing the milieu therapy. They are highly aware that it is not easy to implement it in the hospital, they would face a lot of challenges both from the patient, family, staff and the facilities of the hospital, however they believe if the hospital support it then the milieu therapy could be applied. They also have some aspirations in implementation of milieu therapy both the kind of activities, means of support, and how to get started. They also underline family, patient and all staff involvement are absolutely necessary to succeed this program.

Contents

Abstract	02
Foreword	04
1. Introduction	05
2. Theory	09
2.1 Mental health care	09
2.2 Salutogenesis and empowerment in mental health perspectives	11
2.3 Milieu therapy in western countries	14
2.4 Principles of milieu therapy	15
2.5 The advantage of the implementation of milieu therapy in hospital	17
2.6 Nurse and patient's role in implementation of milieu therapy in hospital	18
2.7 Some special offer in a milieu therapy	19
3. Metodology	21
3.1 Co-operative inquiry	21
3.2 Qualitative research	22
3.3 Participants	25
3.4 Intervention and data collection methods	26
3.5 Data analysis methods	27
3.6 Ethical consideration	28
4. Presentation of the result	31
4.1 implementation of milieu therapy is necessary	33
4.1.1 Ambivalent feeling during working at the mental hospital	33
4.1.2 A desire to develop active treatment	35
4.2 Challenges to implement milieu therapy	37
4.2.1 Too many patients	37
4.2.2 The support is not very good	38
4.3 Aspirations in implementation of milieu therapy	40
4.3.1 A wish for creativity in activities	41
4.3.2 Cooperation, facility and skill must be developed	42
4.3.3 Starting gradually	44
4.3.4 Milieu therapy has to be program of the mental hospital	45
4.4 Involving staff, patient and family	47
4.4.1 Motivation of the nurses is fundamental	47
4.4.2 Family involvement is needed	47
4.4.3 Willingness to care about the patients' rights	49
5. Discussion	50
5.1 Critique method	50
5.1.1 Credibility and transferability	50
5.1.2 Confirmability and dependability	51
5.2 Necessity implementation of milieu therapy	52
5.3 Challenges to implement milieu therapy	56
5.4 Aspirations in implementation of milieu therapy	59
5.5 Involving staff, patients and family	61
6. Conclusion	65
7. References	66
8. Apendix I	
9. Apendix II	
10.Apendix III	
11.Apendix IV	

Foreword

This thesis is a report on my study in Dahlia and Teratai wards of Aceh mental hospital in Aceh, Indonesia. The aim of the study is to find the best ways to implement milieu therapy in wards of the mental hospital. This study is the third part of collaboration project among Aceh mental hospital, Ibnu Sina Nursing Academy and Hedmark University College in order to improve knowledge and practice about milieu therapy in the mental hospital, besides to develop knowledge about study method at Ibnu Sina nursing Academy Sabang. This report is also a thesis to complete my master education on mental health at Hedmark University College Norway.

Maybe there are some limitations, both in conducting research and in writing, is due to my limited of knowledge and experience in research. I would like to thank all those who have helped me, both during education, doing research and writing of this thesis.

1. My thesis supervisor Arild Granerud, P.hD who has helped and guided during I carried out the study and write this thesis.
2. Leaders and my colleagues in Aceh mental hospital who have helped and supported me during conducting this study.
3. Lecturers and colleagues who have helped me during taking language and Norwegian cultural course and studying my master program at mental health.
4. English tutors: Ns.Nani Safuni, MNG who have helped in correcting the language on writing of this master thesis.
5. My parents and family who keep supporting me during I took education in Norway

Finally, my thanks to all who have supported and helped me in order to accomplish my master education at mental health in Norway.

1. Introduction

The aim of this study is to find the best ways to implement milieu therapy in Aceh mental hospital. Milieu therapy activities are really necessary to accelerate recovery of patients because besides the medicine, the patients also require the proper milieu both at the mental hospital and in the community. Currently, there is not yet strong tradition in the mental hospital to implement milieu therapy activities as a way to provide better treatment to the patients. Therefore, I conduct this study in the mental hospital.

Actually, there were four students of Hedmark university college who were conducting study in the mental hospital. In 2011, Aiyub Ilyas conducted study to identify goals and values that was used by the nurses in providing treatment to patients with severe mental disorders in Dahlia and Teratai wards. In 2012, I continued study about milieu therapy in the same wards to find the best ways to implement milieu therapy in Aceh mental hospital. Meanwhile other students conducted the study in different themes and aims.

Aceh is a province of Indonesia, located on the northern point of the island of Sumatra. Its total area is 58,375.83 km² (22,539 sq mi) and has population 4,486,570 people. Administratively, the province is subdivided into 18 regencies and 5 cities. The capital and the largest city is Banda Aceh, located on the coast near the northern tip of Sumatra (Wikipedia, 2011).

Aceh had long conflict, Aceh free movement (GAM) was fighting against the Indonesian Government for getting Aceh Independence during 1976 – 2004. In 2004 there was a great earthquake in the Indian Ocean, which triggered a tsunami that devastated much of the western coast of the region, including parts of the capital of Banda Aceh. While estimates vary, approximately 230,000 people were killed by the earthquake and tsunami in Aceh, and about 500,000 were left homeless (Wikipedia, 2011).

Aceh province has only one mental hospital. The hospital has 310 beds. It is inadequate to provide health services for 14,027 people with mental health problems in Aceh (Surya.co.id, 2010). The number of people with mental health disorders has increased in Aceh. This is because of economic crises and disasters that have occurred

in recent years. Some of the psychological problems are also caused by drug abuse and other factors.

Nowadays, there are not many activities in the hospital that could support patients to accelerate their recovery. The hospital has not yet used milieu therapy as a way to treat the patients. Currently, most of the patients were only given some medicines and were living in the wards at all time.

According to Kvernhaugen (2009), there are not many activities for patients who are treated in the mental hospital. The hospital, psychiatrists and physicians still used medical approach (biomedical model) to treat patients. The other professional groups, including nurses, remain work as guards to the patients.

Based on my experience during working at the mental hospital since 2003, some of the nurses were motivated to provide the best treatment to the patients and the management of mental hospital also very supported it. However we still face some challenges to apply best treatment to the patients, such as number between the patients and nurses are imbalance, lack of facility at the mental hospital, lack of knowledge and skill of the nurses, and lack of motivation of the nurses and other professions. Regarding the lack of facilities and there was imbalance the number between the nurses and patients, we had to face a special challenge. The challenge is a lot of patients tried to flee from the mental hospital.

Nowadays, the nurses expressed that they tried to make time for one – to - one interactions with the patients, but the time was limited and they have not particular rooms that were suitable for building therapeutic relationships, so all interaction are going through the barred windows.

We also tried hard to carry out talking therapy (discussing about their problem and how to solve it), therapeutic group activities, and involving the recovered patients in rehabilitation unit program and some other, but they were not routine, adequate and covering to all patients. Only few routine activities could be done by the nurses at the mental hospital such as giving medicine to patients and helping them to take care of their personal hygiene.

In relation to the study which was conducted by Kvernhaugen (2009), she found that the nurses experienced frustration over the lack of guidelines and procedures of the treatment. They felt that they did not have enough knowledge about mental illness and need some training to improve their abilities to meet the patients in the best possible way.

According to this study (Ibid), the treatment was mainly based on a biomedical approach. Patients were treated with haloperidol and ECT. Talk therapy and milieu therapy were almost non-existent.

Actually, the hospital has made many efforts to improve the quality of service to patients either by sending the staff to take courses and training, adding the number of room and staff and making cooperation with other partners to develop mental health services. For example, the hospital has driven collaboration with Hedmark University College through student exchange and research collaboration.

Another program the mental hospital could apply in order to develop quality of the treatment is to provide milieu therapy. Study found that milieu therapy could contribute for treatment of patients through establishing venues to ensure patient gain social experiences, and it provides knowledge which patient needs to cope with life in society. Milieu will keep holding the patient in the physical and psychological sense. This occurs within a safe and structured framework to facilitate the inclusion of the patient's own experiences and resources (Stensrud, 2007).

Milieu therapy is using environment to facilitate a systematic and organized treatment, using environment and a culture to promote the patient's opportunities for learning, improving skills and personal responsibility (Kari Nysveen, 2010).

Milieu Therapy is a planned treatment environment in which every day events and interactions are therapeutically designed for the purpose of enhancing social skills and building confidence of patient. The milieu provides a safe environment that is rich with social opportunities and immediate feedback from caring staff (focus-alternative.2012)

Aiyub (2011) said that the nurses in the mental hospital believed that the milieu therapy could be a therapeutic modality for improving mental health service in the hospital. He also encouraged the same study can also be done in other wards so that all

staff in the wards would find the same knowledge and experience. This would help the nurses in developing the therapeutic milieu.

Aims and research questions

The aim of this research is to find the best ways to implement milieu therapy in the wards of Aceh mental hospital

The specific research question is

How can milieu therapy be implemented at the Aceh mental hospital?

2. Theory

2.1 Mental health care

Health is not a clear and well defined concept. One of them is according to definition of World Health Organization (WHO), “Health is a state of complete physical, mental and social well-being and not merely the absence of diseases or infirmity”. (Hummelvol, 2008).

Health is to be whole. It represents a constant struggle to preserve identity. Health is the degree of integration (Lindstrom, 1994). Our health opposite is not a disease, but rather illness, or health impairment that comes a lack of integration (Hummelvol, 2004).

There are many attempts to define mental health. We find concepts of Welfare, happiness, satisfaction, coping, etc. It already pointed out, the subjective experience of mental health, something that changes with the situation and living conditions. Marie Jahoda (1958) has some key characteristics of mental health. She points it to six factors: having a positive self-image, having the ability to be active and utilize their resources, being an integrated person, could make independent decisions and to act without isolating themselves from others, having reality sense and ability of empathy, being able to create deep and genuine relationships with other people (Hummelvoll, 2008).

According to WHO, mental health is not just a state without soul problem, but contains many positive characteristics that describe spiritual harmony and balance, and reflects the maturity of the personality (Yosep. 2007).

Mental health is really important at every stage of human life because it affects how one views oneself, others, and the world, and it influences coping and decision-making. Poor mental health will impact disadvantageously on physical health, and on broader social and economic goals. (Gampetro, 2012).

Positive mental health may be conceptualized as including: a positive sense of wellbeing; individual resources self-esteem, optimism and sense of mastery and coherence; the ability to initiate, develop and sustain mutually satisfying personal relationships; and the ability to cope with adversity resilience. Together, these enhance an individual's capacity to contribute to family and other social networks, the local

community and society at large. Thus, mental health is more than just the absence of symptoms or distress. It refers to a positive sense of wellbeing and a belief in our own worth and the dignity and worth of others (Rachel, 2011).

Many environmental factors affect mental health status, including exposure to violence, abuse, parental substance abuse, poverty, immigration, inadequate housing or homelessness. Having a model of care adapted to the needs of this population can provide the best opportunity for treatment success in hospital or other in the community (Gampetro, 2012).

Mental disorder is not simply an absence of good mental health. Psychological distress is common: it affects most people when they experience difficult situations in life associated with various life situations, events and problems, and usually resolves quickly. However, there are also specific recognizable forms of mental illness, which are relatively common in the general population (Rachel, 2011).

Rachel (2011) also said that in many countries mental disorders are likely to rise through a range of different factors including population growth and ageing, marital and family breakdown, an increasing number of orphans and child-headed households, migration both from rural to urban areas within a country and across international borders, changing patterns of work, climate change, the risk of debt and increased income disparity and alcohol and substance abuse.

Specialist mental health care teams ideally should include medical and non-medical professionals, such as psychiatrists, clinical psychologists, psychiatric nurses, psychiatric social workers and occupational therapists, who can work together towards the total care and integration of patients in the community. Nurses, as mental health specialists, play a fundamental role working within mental health care teams in the improvement of the quality of care for people with mental disorders (World Health Organization, 2001).

Murray and Huelskoetter in their book, *Mental health nursing* (1991 s: XX) define mental health nursing as: *a specialized area of practice, utilizing theories of human behavior for its scientific basis and employing the purposeful use of self in a therapeutic relationship with one or more people as its art, in order to provide emotional care to the client and to facilitate the process of learning more positive or effective behaviors and of achieving increasing emotional maturity. In this*

interpersonal process with the client, the nurse work with the client so that present need are met and more mature needs and motivations emerge and can be met.

Psychiatric nursing is an interpersonal process that promotes and maintains behaviors that contribute to integrate functioning. The patient may be an individual, family, group, organization, or community. The three domains of psychiatric nursing practice are direct care, communication and management. (StuartSundeen&Laraia, Psychiatric Nursing, 1998: 15).

Mental health care is a process that giving a planned care and psycho-therapeutic activities. It aims to improve patient self-care ability, thereby patient is able to solve or reduce his mental health problem. When the patient is not able to express their own needs and desires, the nurse will be working as a care giver and advocate of the patient. The nurse share responsibility with the community to provide a good milieu to patient in the community (Hummelvoll, 2008).

Mental health nursing can be based on an existential concept, where the focus is on understanding people with mental health problems in relation to their life context and trying to grasp what effects mental health problems have on their ability to fuction. A holistic existential model of mental health nursing is based on the assumption that nursing should be grounded in respect for the person's integrity and autonomy (Hummelvoll, 1994; Granerud, 2008).

The mental health care responsibilities are including providing pre - hospitalization care, examination, treatment or caring in a mental hospital, psychiatric clinic and polyclinic, psychiatric institutions for children and adolescents and psychiatric day care institutions (Almvik and Borge, 2006).

2.2 Salutogenesis and empowerment in mental health perspectives

Creating positive health, or salutogenesis, and developing ways to use this concept in health care has grown steadily over the past two decade, as can be seen from discussions about how health is maintained and how health care is delivered. A salutogenicapproach provides a particular perspective to the way health is viewed,which is centred on the discovery and use of personal resources, either inside a person or in the environment,that maintain a healthy status. This is opposed to the

traditional view of health care, which focuses on the search for the causes of disease. In particular, theories about salutogenesis aim to explain why some people fall ill under stressful conditions and others do not (Billing.J, Hashem.F, 2009).

The term salutogenesis was coined by the American–Israeli medical sociologist, Aaron Antonovsky. His study of female holocaust victims who maintained health despite severe emotional stress resulted in research toward a better understanding of key ingredients that positively influence and sustain health. The term salutogenesis (salud [Spanish] salute [Italian]: health, genesis: creation of) is making resurgence in health literature. It emphasizes training health professionals in healing-oriented care in order to improve quality, particularly in a primary health care system (David, 2008).

The theory of salutogenesis as proposed by Antonovsky (1987) represents a broader perspective on health than traditional pathogenic orientation. Antonovsky does not view health as a dichotomous variable but as a health continuum, striving to explain what makes a person move towards the healthy end of the continuum and thus increase his or her sense of coherence (SOC) and promote coping. The focus is on the story of the person rather than the diagnosis. The person is understood as an open system in active interaction with the environment (both external and internal conditions). Tension and strain are viewed as potentially health-promoting rather than illness-creating (Langeland, 2007).

The theory emphasizes the use of potential and existing resistance resources and not only focuses on minimizing risk factors, but also emphasizes active daptation as the ideal in treatment (Antonovsky, 1987; Langeland, 2007). Mental health nurses are not explicitly discussed in the theory of salutogenesis but may be implied as an element of the resistance resources in the external environment (Sullivan, 1989; Langeland et al, 2007).

Salutogenesis takes the opposite stance to pathogenesis, stressing the importance of starting from a consideration of how health is created and maintained, rather than focusing on the negative aspects of illness and disorder. The science of pathogenesis is a view that can be used to suppose that health is best promoted by identifying and preventing determinants of disease, rather than taking into account individual healing processes (Cowley et al, 1999).

The core of salutogenic concepts are generalised resistance resources (GRRs) and a sense of coherence (SOC). GRRs are biological, material and psychosocial factors which make it easier for people to understand and structure their lives. Typical GRRs are money, social support, knowledge, experience, intelligence and traditions and there is significant overlap between those GRRs identified and “protective factors” for mental health identified in the discipline of psychology. It is believed that if people have these kinds of resources available to them or in their immediate surroundings, there is a better chance they will be able to deal with the challenges of life (Lindström, 2005; Billing, 2009).

While GRRs identify important ‘ingredients’; a sense of coherence (SOC) provides the capability to use them. SOC is a positive way of looking at life alongside an ability to successfully manage the many stresses encountered throughout life. Three types of life experiences shape the SOC: comprehensibility (life has a certain predictability and can be understood), manageability (resources are enough to meet personal demands) and meaningfulness (life makes sense, problems are worth investing energy in) (Billing, 2009).

Antonovsky’s (1987) theory has been operationalized in an intervention program for people with mental health problems. The main aim of the intervention is to increase participants’ awareness of their potential, their internal and external resources, and their ability to use them, and thus to increase their SOC, coping, and level of mental health. The intervention is developed for people with various, relatively stable, mental health problems who are able to have a dialogue and live in the community but need support from the health system. The concept of mental health problems used here typically encompasses mental suffering, mental illnesses, mental disorders, and psychosocial problems (Langeland et al, 2007).

David et al (2008) say that this salutogenic process requires an investment in educating health care professionals to be as skilled in facilitating health as in treating patients. The purpose of healing-oriented education is to improve health care by developing competencies that transcend the conventional medicine.

Empowerment is a concept from the community psychology and the preventative model and has been used in a number of welfare and social policy contexts. No consensual definition of the concept exists but it seems that two dimensions are shared

in several approaches; one psychological dimension which is concerned with self-esteem, self-trust and self-efficacy and one social action oriented dimension comprising factors such as power, involvement and control over the own life situation and care and support. The concept of empowerment has evolved, mainly from the user movements and self-help groups, as an expression of efforts to increase power and strengthen the control over the personal life situation and control and influence of the personal care and support situation (Hansson, 2005) .

Gutierrez (Hansson, 2005) defined more generally empowerment as a process to 'increase personal, interpersonal or political power so that individuals can take action to improve their life situation' and Segal et al. (Hansson, 2005) defined it as a process of 'gaining control over one's life situation influencing the organizational and societal structure in which one lives'.

There are many theories and policies recommending empowerment as a fundamental approach towards mental health recovery which is the main goal of all those involved in providing and receiving mental health services (Lloyd, 2007).

2.3 Milieu therapy in western countries

Milieu therapy was at its prime in the Western world in the 1960s, when benefits of hospitalization were emphasized (Delaney 1997). Today, psychiatric nurses in various psychiatric wards are responsible for the milieu therapeutic treatment program (Delaney 1997; Norton 2004), (Oeye, 2009).

Milieu therapy can be defined as: created by the staff's attitudes, actions, utterances, thoughts and feelings, as they appear in the interaction with patients. Milieu is also created by contributions from patients and staff within the physical structural and spatial frames, where the building's location and physical milieu are an effective factor (Stensrud, 2007).

Broadly defined, milieu therapy is a way of organizing daily life activities in a social milieu to gain therapeutic effects and positive patient outcomes. There have been several discussions on how daily-life milieu is to be organized for gaining therapeutic effects, and different theories and traditions have flourished (Oeye, 2009). Milieu therapy is rooted in the moral treatment tradition and the establishment of the first

asylums by Tuke and Pinel with emphasis on patients' up-bringing and re-socialization (Oeye, 2009).

User participation is broadly reflected in Western government policy. User participation is understood as the extent to which the patient viewpoints should be taken into account when making decisions regarding services (Oeye, 2009). The view of the patient as an individualistic user and consumer has also affected the mental health services (Oeye, 2009). The nursing literature promotes the importance of a nurse–patient relationship that fosters the involvement of the patient in negotiation and decision-making regarding his / her care (Hummelvoll and Barbosa da Silva 1994; Oeye, 2009).

In Norway (Sørhaug 1982), reported that patients were motivated to take responsibility of their own lives by their own choice, but at the same time, staff would be entitled to sanction patients when no common agreement occurred. Several recent studies report that nurses in psychiatric wards are, to some extent, unable to ensure user participation (Oeye, 2009).

2.4 Principles of milieu therapy

There are some principles of milieu therapy. Hummelvoll(2008) the principles are the entire institution (both patient and mental hospital staff member) work actively towards a common goal for both the treatment and management. It is important to develop common standards both for staff member and patients. Volunteerism. Patient themselves should recognize the need for change and try to find institution to help them. It is the evidence that they want to be involved in the program and catch their rights and responsibilities. Democratization - patient and staff strives for equality among all member groups and a decentralization of power. Open communication, it is a consequence of the democratization principle. Patient should be free to express their opinions and to feel free of pressure. New roles for staff and patients. The roles are constantly obeyed to influence and criticism of all groups. Staff should leave their old roles - and subjected to the influence and criticism of all groups. Toleranceto symptom. Staff should tolerate the attitude of patient and not to punish them with fixed penalties. They have to admit a liberal attitude.

According to John Gundersons (1983) there are five processes that underlie the application of the milieu therapy. They are containment, support, structure, involvement and validation.

Containment is a process of providing safety and security and involves the patient's access to food and shelter. In a well contained milieu, patient feels safe from their illnesses and protected against social stigma. Most facilities encourage patient and nursing staff to wear street clothes, which helps decrease the formalized nature of hospital settings and promotes nurse- patient relationships. Therapeutic milieu emphasizes patient involvement in treatment decisions and operations of the unit. Families are viewed as a part of patient's life, and ties are maintained. The security includes environmental security, food, shelter and safe care. A safe environment includes wards, isolation rooms and binding. The treatment that provided must ensure the safety of patients and not to harm them both physically and mentally. Arrangement of the room should make patients comfortable and feel at home.

Support is an effort to plan an action of treatment to patients. This planning should make patients feel better, happier and more adequate. Support provided should be in order to build patients' feeling. The nurses must be able to create a feeling of safety for the patient. Thus, the patients feel that the environment gives them self-confidence and help them to avoid feelings of anxiety, fear or despair. Support. The nurses must pay attention to the involvement of patients in many ways including in their treatment.

Structure is a plan to present a structured routine to meet the needs of patients, either regarding the time (daily, weekly), places and people. Plans should be made to involve patients, so they could feel they have responsibility for himself and his problems. The structure includes schedules of activities of patients (group and individual), regulations, new patient orientation process, labor relations staff, and staff-patient, regular meetings and meetings of patient cases.

Involvement is an action plan to allows patients directly involved in activities, so they are able to form better relationships in their social environment (both inside and outside hospital). Direct involvement of patient in any care activities and social events will motivate patients to become more active and independent, to facilitate patients' skill to build social relationships, to build a sense to solve problems and to foster a sense of responsibility towards themselves and their environment. Patients were

included in the decision making process, doing activities and the treatment process. Patients are taught to negotiate and develop a plan.

Validation is the action to validate the problems of patient. This action is intended to alert the patient that they have a psychiatric problem that requires them to take preventive measures. Generally, patients often refuse by saying "I'm not sick", because they are not able to evaluate their problem. Therefore, they are difficult to be motivated to plan their care actions. To support the validation process, nurses can carry out actions such as creating an individual treatment program, improving therapeutic communication, empowering the patient to face their problems, explaining the symptoms that are faced by patients, showing respect for any patient's needs. Services provided should be considered individualistic and respect, tolerance and dignity of patients. The nurse gave the patients time, talk privately and pay attention to signs and symptoms with open communication (Hummelvoll, 2008).

2.5 The advantage of the implementation of milieu therapy in hospital

The therapeutic and anti-therapeutic effect of milieu therapy will depend on the hospital setting. If the hospital organization believes in this type of approach for mentally ill patients, the effect can be achieved. Otherwise it is difficult for a unit to achieve these goals. When the hospital gets to know the advantages for the patients, such an approach will be practical (nursingplanet.com, 2012).

Milieu therapy creates a different type of attitude and behavior in the patient because the environment is like home. Instead of adopting a sick role, the patient makes decisions in the ward management and cares for other patients. In other words, he becomes less dependent and passive. The patient learns to adopt a behaviour which is acceptable in the therapeutic environment like learns to control hostility. The patient learns to make decisions which improve his self-confidence. Milieu includes safe physical surroundings, all the treatment team members, and other clients, which is supported by clear and consistently maintained limits and behavioral expectations. A therapeutic milieu is a safe space, a non-punitive atmosphere, which minimize the environmental stress and provides a chance for rest and nurturance of self, a time to focus on the developments of strengths, and an opportunity to learn to identify

alternatives or solutions to problems and to learn about the psychodynamics of those problems. Patient develops harmonious relationships with other members of the community, developing leadership skills, becoming socio centric and learning to live and thinking collectively with the members of the community (nursingplanet.com, 2012).

2.6 Nurse and patient's role in implementation of milieu therapy in hospital

Nursing staff include many levels of practitioners, ranging from the staff nurse to the clinical nurse specialist. Each makes a valuable contribution to the treatment team and the delivery of care to psychiatric patients. They all share the common experience of having 24-hour responsibility for patients admitted to the inpatient unit or residential facility. Nurses coordinate the total care of patients, which requires interaction with all members of the health team. In addition, they provide a safe environment and become experts in therapeutic milieu. In summary, nursing practice is based on two themes: one-to-one relationships and management of the patient milieu (Tuck, 1992).

During patients stay in a ward, they will go through different phases and get different roles. Yurkovich (1989) describes three such phases: newcomer, member and leader phases.

Newcomer phase. Patients have to adjust themselves both to physical and interpersonal environment. The patient roles in orientation phase are: information seeking, observer the groups and involved. These roles will help patients to obtain information about the norms and rules prevailing in the society, feel the pulse of the life of the group and gain knowledge that they need to go to the next stage (Hummelvoll, 2008).

Member phase occurs when the patients show that they know the standards and may share the basic ideas of the community led by. Patient will look at the group's assistance as a means to achieving better health. Thus, they will play more active roles: They are becoming furnisher and supplier of views and opinions. These roles will produce a sense of security in the environment, and as the result they will be confident to share their views and experiences (Hummelvoll, 2008).

Leader phase. The patient has taken some responsibility to ensure that the ward will be an arena for training and stimulating growth of fellow members. He will play role as a "normalizer". The patient helps to evaluate the program, take care and give information to new patients. The patient will serves as leader in various contexts. In the whole, he is increasingly more independent and less dependent on support (Hummelvoll, 2008).

According to Hummevoll (2008). For nurses, they have to support the patient through these phases. The roles of the nurses are the following:

Stimulating behavior change. The nurse's task is to support and stimulate the patient's ability and willingness to growth and get bigger self-confidence. It is important that nurses will be open and trustworthy manner serve as a role model for the patient. These attitudes might be more instructive for patients than if they express by words. Nurses must contribute to develop an atmosphere that allow patient to adopt new behaviors. The confronts. Nurses have to utilizes interaction with patients to provide feedback to patients in order to allow patient more comfortable in ward . It is based on here - and - now situations. It is pointing out their reaction ways inhibit or promote their personal development and social functioning. This way helps the nurse to be conscious of the reactions of patient. Leader. In the milieu therapy activities, the nurses serve as a manager. It means, they take responsibility to regulate degree of confrontation and expectations that they can set to the group and the individual patient. They help to set clear goals of the work and ensure that work is regularly evaluated. As a leader, they will also have to include themselves in order to develop sense of community (Hummelvoll, 2008).

2.7 Some special offer in a milieu therapy

According to Hummelvoll (2008) there are some advices for nurse who want to make their patients to be most creative and to improve nurse-patient relationship in a therapeutic milieu : Helping patient to think creatively, giving the patient encouragement to play with ideas and thinking, trying to develop openness to new ideas and approaches in their efforts to work with the patient's self-knowledge, be careful in pushing forward the solution pattern to the patient, stimulating the patient to obtain knowledge and information on the areas he works with, encouraging and

pointing to the new learning process that is underway in the patient, providing constructive criticism to the patient's way of working, providing positive rewards to the patient's attempt to openness and boldness, creating an atmosphere of safety and acceptance to the patient.

Further, Hummelvoll (2008) said, in order to stimulate the patient's curiosity about their situation and the coping strategies that have developed. It is necessary that nurses and other milieu workers create varied methods in the treatment of the patient to improve their curiosity and participation. This could be the use of literature, dance movement and music, play through physical activity, collage and painting, role play and psychodrama. For the majority of these methods will be sufficient when the staff wants, interests and enthusiasm enough to try them out, but others - such as psychodrama - will require personnel who has trained for this activity.

3. Methodology

This study has a co-operative design, and was analyzed with a qualitative design. The study emphasizes the understanding of the nurses experiences through qualitative data and methods of analysis. The study was built with the hermeneutic-phenomenological approach. Hermeneutics was used to understand the life experience of the nurses in Dahlia and Teratai wards. The focus was on the meaning and interpretation of their utterances as analysis context (Granerud, 2008). In relation to the phenomenology perspective, the meaning of data was interpreted based on the nurse's perspective in Dahlia and Teratai wards during they were working in the Aceh mental hospital (Spezialeand Carpenter, 2007).

Data was collected at two wards with eight participants in each ward. This data collected through multistage focused group interview on how to find the best ways to implement milieu therapy in the Aceh mental hospital (Granerud, 2008). Method of data analysis is qualitative content analysis (Graneheim, 2003).

3.1 Co-operative inquiry

Action research is known by various names including cooperative inquiry, action inquiry, participatory action research, community based action research, collaborative research, and participative inquiry (Speziale and carpenter, 2007).

Waterman (2001, p.11) defined action research as: *a period of inquiry, which describes, interprets and explains social situations while executing a change intervention aimed at improvement and involment. It is problem-focused, context specific and future oriented. Action research is a group activity with an explicit critical value base and is founded on a partnership between action researchers and participants, all of whom are involved in the change process.*

Action-oriented research (cooperative inquiry) is based on a humanistic and holistic outlook, which is based on experience, participation and action-orientation. The research is based on three interrelated aspects, namely, 1) participatory and holistic knowing, 2) critical subjectivity and 3) knowledge –in- action (Hummelvoll, 2006).

In co-operative inquiry, working through four phases is essential for acquiring good results. These phases should ideally proceed in spiral, which produces continual improvement in practice. The methods can continue to be used in the workplace after completion of the research process and projects. The phases are reaching agreement about goal and methods, putting ideas and procedures into practice, a deepening of practice and review, revision, and, possible consolidation (Granerud, 2008).

According to Hummelvoll (2011) the co-operative inquiry process consists of four steps, namely 1) preparation, negotiating a research arena, 2) orientation, researcher and co-researcher deciding on research and teaching themes, 3) intervention, performing research and 4) evaluation, formative and summative evaluation.

Co-operative research allows participants to contribute by means of creative thinking, such as deciding which themes to explore and how the study should be implemented as well as by making the results both comprehensible and relevant. Consequently, co-operative research in its most comprehensive form makes no distinction between researchers and subjects and all participants are both co-researchers and co subjects. Thus, co-operative research is a form of education, personal development and social action (Hummelvoll & Severinsson 2005; Granerud & Severinsson, 2007).

The action in this study was dialogue based teaching and multistage focus group interview. The reason for using dialog based teaching and the multistage focus group interview method were that the group process can help the participants to express and clarify their points of view in a way that might not be possible in a one-to-one interview. The group members were encouraged to reflect, develop their own views and discuss statements, spontaneous and emotionally-laden comments often emerged (Kvale, 1997; Granerud, 2008).

Dialogue based teaching and multistage focus group interview were done in Dahlia and Teratai wards. Dahlia is a ward for men only and used to be one of two special wards in the mental hospital, but it is now not longer special. In this ward, there are only ten patients and is always opened all day. Patients have to pay to stay at Dahlia. Meanwhile, at other wards the patients did not pay by themselves because the government of Aceh province paid for them. At the same time Teratai ward is only for women, it was an ordinary ward. Currently there were 80 patients and 13 staff. Both

the wards had been involved in previous milieu therapy study with Aiyub Ilyas, who were studying at Hedmark University College.

I carried out dialogue-based teaching five times in each the ward. It took time 30 minutes for teaching and 30 minutes for dialogue at every meeting. The topics of the dialogue are the principles of milieu therapy, the patients and nurses' role, the good milieu to patients, some special offers in a milieu therapy, and design of milieu therapy for psychotic and non psychotic people.

At each meeting, I made a conclusion about the result of dialogue-based teaching and shared to participants at next meeting in order to allow participants to find out the focus of each dialogue-based teaching meeting. The content of the conclusion consists of resume of teaching material, resume of the result of dialogue and the conclusion that we gain from the meeting.

Both in Dahlia and Teratai wards, I invited eight nurses to participate in dialogue-based teaching. The participant for dialogue-based teaching and focus group interview are the same. All the participants got the same opportunity to express their ideas and arguments. Before starting dialogue-based teaching, I offered several agreements to the participants as a rule in order to success this meeting.

One of five dialogue-based teaching meetings in Dahlia and Teratai, I presented four students of Hedmark University college who carried out practice on mental health care in Aceh mental hospital. They came for sharing knowledge and experience about implementation milieu therapy in Norway. The participants were really appreciated because they gain a lot of new information about milieu therapy from the students.

Dialogue-based teaching meeting in Dahlia and Teratai was going well. The participants were enthusiastic to follow these meeting. According to the participants, dialogue-based teaching help them to catch the topics more effectively because there was a discussion time that allowing them to explore more detail about the topics.

The challenge in both wards was the time, before starting the first dialogue-based teaching I had got eight participants. However, they had different work schedule, most of them were working in the morning and the other at evening and night shift. I had to arrange the time of meeting that allowed them to participate.

3.2 Qualitative research

Qualitative research is a broad term that encompasses several different methodologies that share many similarities in the conduct of such research. It is a general term encompassing a variety of philosophical underpinnings and research methods (Wood & Haber, 2010). According to Denzin and Lincoln (2005), qualitative researchers study things in their natural settings, attempting to make sense of, or interpret, phenomena in terms of the meanings people bring to them.

The most basic way to characterize qualitative studies is that those aims are generally to seek answers to questions about the ‘what’, ‘how’, or ‘why’ of a phenomenon, rather than questions about ‘how many’ or ‘how much’ (Green and Thorogood, 2004).

Quantitative research is concerned with measuring attributes and relationships in a population. The aim of most qualitative studies is to discover meaning and to uncover multiple realities, not to generalize to a target population. Qualitative research design as they do. Decisions about how best to obtain data, how to schedule data collection, and how long each data collection session should last are made as the study unfolds. (Polit & Beck, 2010).

Qualitative research is studies phenomena in their natural environment and seeks to understand them through the meanings assigned to them by individuals from their own perspectives and personal histories. It is methodically diverse in its focus and has an interpretive and naturalistic closeness the object of study (Hummelvoll, 1995; Silverman, 2006; Granerud, 2008).

Qualitative researchers do not conceptualize their studies as having independent and dependent variables, and they rarely control or manipulate any aspect of the people or environment under study. Masking is also not a strategy used by qualitative researchers because there is no intervention or hypotheses to conceal. The goal is to develop a rich understanding of the phenomenon as it exist and as it is constructed by individuals within their own context (Polit & Beck, 2010).

The research traditions that have provided a theoretical underpinning for qualitative studies come primarily from the disciplines of anthropology, psychology, and sociology. Phenomenology has its disciplinary roots in philosophy. Phenomenology focuses on the meaning of lived experiences of humans. A closely related research

tradition is hermeneutics, which used lived experiences as a tool for better understanding the social, cultural, political, or historical context in interpretation - how individuals interpret their world within their given context (Polit & Beck, 2010).

3.3 Participants

Participants for this research are coming from Dahlia and Teratai wards of the Aceh mental hospital. In each ward I took eight nurses as respondents. According to Polit & Beck (2010), there are no fixed rules for sample size in qualitative research. In qualitative studies, sample should be based on informational needs. The key issue is to generate enough in-depth data that can illuminate the patterns, categories, and dimensions of the phenomenon under study.

In Dahlia ward, there were eight nurses, one administrative staff and one leader of the ward. The nurses have different level of education. Three of them are diploma III at nursing, three nurses are bachelor at nursing and two nurses are diploma III at nursing but they are bachelor at public health.

Before I started my study in Dahlia, I held meeting with all the nurses in Dahlia. After I explained my study to them namely the theme, aims, method, ethical consideration and their rights in my study, all the nurses in Dahlia were willing and eager to participate. They signed informed consent letter to take part in this project. Thus, I took total sampling at this ward.

Most of the nurses at Dahlia ward have been working for five years in row at this ward because the management of the nursing department did not assign them to other wards. The nurses were selected and trained in 2006 by a nursing team from University of Indonesia and they were funded by World Health Organization.

In Teratai ward, there were twelve nurses and one leader of the ward. They were in two level education, diploma III and bachelor nursing. They have been working at this ward for one year. Teratai is a ward for women only and it is not a special ward of the mental hospital. The management of the nursing department would move the nurses from one to other wards every year.

In this ward I discussed with the leader and some of the nurses to find eight participants and then I explained the theme, aims, method and ethical consideration of

my study to them. The participants signed informed consent letter and nobody withdraw from the study until finished.

3.4 Intervention and data collection methods

Collecting data was by multistage focus group interviews. *Focus group interviewing use a group of individuals selected and assembled by researchers to discuss and comment on, from personal experience, the topic that is the subject of the research* (Powel & Singel 1996, p. 499).

The main advantage of focus groups is the opportunity to observe a large amount of interaction and discussion on a topic during a limited period of time. The person facilitating the focus group is called moderator. Sometimes an assistant moderator is present to take notes and observe group interaction (Joice, 2008).

In a focus group interview, a group of five or more people is assembled for a discussion. The interviewer (or moderator) guides the discussion according to a written set of question or topics to be covered, as in semi structured interview. Focus group sessions are carefully planned discussion that takes advantage of group dynamics for accessing rich information in an economical manner (Polit & Beck, 2010). The ideal group size is six to eight informants (Granerud, 2008).

In multistage focus groups, the same group meet several meets several times in order to stimulate a deeper process. The participants become better acquainted and develop more confidence in each other, which makes easier for them to share stories and experiences (Granerud, 2008). It is possible to investigate the common understanding of topics. This is a reflection of the process in a co-operative research inquiry (Hummelvoll & Severinsson, 2005).

I collected data through multistage focus groups interview. I performed three focus group interviews in each ward (attended by eight participants) and took time 90 minutes each meeting of focus group interview. To perform focus groups interview, the researcher was helped by a moderator for guiding the discussion according to planned questions. The moderator was not taken from participants but another person who was not included as participant.

In focus group interview I presented the same questions to the respondents in Dahlia and Teratai wards. I had prepared the entire question before doing meeting with the respondents. The questions inquired about knowledge of the nurses, what the challenges we have to face and how to implement milieu therapy at the mental hospital (the list of question is attached).

At each meeting, all data from the respondents were recorded in tape recorder to ensure there is no data gone. Before starting another meeting of focus group interview I presented the resume of the previous meeting, so the respondents could review their argument. It is necessary to be done in order to provide opportunity to all respondents to evaluate all data as result of interview. Thus, the respondents would know the topic that they have to make deeper or be revised due to not accordance with their intentions.

When the all step focus group interview was completed, I presented the findings to steering committee of this study. This presentation gives an opportunity for further discussion and ongoing interpretation.

3.5 Data analysis methods

Qualitative analysis is the activity of making sense of interpreting or theorizing about data. It is both an art and a science, and is undertaken by means of a variety of procedures that facilitate working back and forth between data and ideas. It involves the processes of organizing, reducing and describing the data, drawing conclusions or interpretations from the data, and warranting these interpretations (Schwandt, 1997, p.4).

The most basic types of qualitative analysis are an analysis of the content of the data to categorize the recurrent or common themes. This is perhaps the most common approach used in qualitative research in health journals, and aims to report the key element of respondents' accounts. It is a useful approach for answering questions about the salient issues for particular groups of respondents or identifying typical responses (Green, 2004).

Content analysis is designed to classify the meaning of a text into a few categories based on their theoretical importance. It is step by step approach that analyses an

empirical text in a methodologically controlled manner so as to clearly present that which is central to the content (Granerud, 2008).

As a result, all of the focus group interviews were listened to and read several times to obtain an overview. These material meaning units were identified, such as “*word, sentence and paragraphs containing aspects related to each other through their content and context*” (Graneheim & Lundman, 2004, p.106).

The meaning units are labeled, and statements from the focus group interviews are systematized by grouping together those that belonged to the same meaning units. Categories and sub-categories are identified and named. Afterward, the content in each of categories is then clarified. The categories are validated against the transcribed interviews. The main theme and categories, subcategories and codes developed in the analysis on the basis of data from all three focus groups are summarized (Granerud, 2008). Graneheim (2003) content analysis are consist of manifest and latent content, unit of analysis, meaning unit, condensing, abstracting, content area, code, category and theme.

To analyze content the result of focus group interviews I used qualitative content analysis (Graneheim & Lundman, 2004). I read transcript of interview repeatedly. From the transcript I tried to draw out the important paragraphs or sentences or parts of sentence that have central meaning, it is called meaning unit. The meaning units were condensed to be shorter text without changing the meaning, and this is called condensed unit meaning. Furthermore, I identified the visible or hidden meanings to formulate some sub-categories. Finally I tried to formulate the some sub-categories to become some categories that suitable with the aims of my study.

3.6 Ethical consideration

There has been a cooperation agreement between Hedmark University College and Aceh mental hospital. This agreement applies for four years, from 2011 until 2014. There are some programs that they agree to apply and support each other in Aceh mental hospital and Hedmark University College. Among of these program are providing avenue for staff of the mental hospital to pursue study at Hedmark

University and allowing student of Hedmark University to carry out mental health research in the mental hospital.

To ensure this research was done according to ethical guidelines, we formed a steering committee. This committee was representatives from the Hedmark University, Aceh mental hospital and Ibnu Sina Nursing Academy and supported by some academicians who was experienced in mental health research. The committee serves as a discussion partner for researcher in order to support and guide in every step of implementing this research.

Prior conducting the research, I held a meeting with agencies which involved in this research. The agencies are Hedmark University College and Aceh mental hospital. The meeting was discussing the method of the research, including ethical consideration.

The World Medical Association has developed the Declaration of Helsinki as a statement of ethical principles to provide guidance to physicians and other participants in medical research involving human subjects (World Medical Association, 2012) and this study followed this guidance. Medical research involving human subjects includes research on identifiable human material or identifiable data. The research protocol should always contain a statement of the ethical considerations involved and should indicate that there is compliance with the principles enunciated in this declaration (WHO, 2001).

All information of informants will be treated confidentially. Only the researcher and supervisor are eligible to access to the raw data collected, while the other people have only access to data analysis results with anonymity. All participants in this research are going to be protected; I respect all of their rights according to the Helsinki Declaration (World Medical Association, 2012). All transcripts and data are anonymous, and participants could withdraw from the study if they want to (Granerud, 2008).

In this research I involved 16 nurses in Aceh mental hospital as the subjects. In order to respect ethical principles according to Declaration of Helsinki, I gave them a letter of invitation and participants consent. In the letter of invitation I explained about the theme, aim, institution which involved, consequences, method of collecting, and

processing and publishing data of the research. informed consent was collected before doing focus group interview with participants.

I also provide adequately information of sources of funding, any possible conflicts of interest, and institutional affiliations of the researcher, the anticipated benefits and any other relevant aspects of the study. Then I inform the right to refuse to participate in the study or to withdraw consent to participate at any time without reprisal. (Øvergaard, 2011).

According to Polit & Beck (2010) fully informed consent involves communicating about participants status, study goals, type of data, procedures, nature of the commitment, sponsorship, participants selection, potential risks, potential benefits, alternatives, compensation, voluntary consent, confidentiality pledge, right to withdraw and withhold information and contact information.

Researcher should ensure that participants' privacy is maintained continuously. Participants have the right to expect that their data will be kept in strictest confidence (Polit, D., & Beck, C. T, 2010).

4. Presentation of the research result

In this chapter I would like to present data from Dahlia and Teratai wards all together. It is not separation data in presentation because there were not so many differences the results of the study between Dahlia and Teratai. I got four categories from the result, namely: implementation of milieu therapy is necessary; there are some challenges to implement milieu therapy, aspirations in implementation of milieu therapy, and need to involve staff, patient and family. Based on the four categories were developed to be ten sub-categories and then become 44 condensed units.

Category 1: Necessary to implement milieu therapy	
Subcategory : Nurses 'ambivalent feelings during working at the mental hospital	A desire to develop active treatments
Condensed unit : Nurses are happy working at the mental hospital Collaboration among the nurses is good Satisfied when the patient understand The treatment provided to the patient is not optimum The management does not adequately support the nurses	Involving environment in therapy They nurses have been implementing a little milieu therapy Milieu therapy is helpful for patients important to give freedom to the patient Starting from ordinary everyday activities Management support is needed Cost is not a fundamental problem
Category 2: Challenges to implement milieu therapy	
Subcategory : The support is not very good	Too many patients
Condensed unit The nurses are lack of knowledge about milieu therapy Not all nurses want to implement milieu therapy Not everyone is interested in a new programs Support is not consistent or sustainable	Patient in locked room Many the patients try to escape from the hospital Patients have not the same opportunities to participate

It is not a good cooperation among the staff			
It is not a good cooperation with the families			
Category 3: Aspirations in implementation of milieu Therapy			
Subcategory : A wish for creativity in activities	Cooperation, facility and skill must be developed	Starting gradually	Milieu therapy has to be program of the mental hospital
Condensed unit Sport therapy, religious therapy, plant therapy, art therapy, recreational, skill and --library therapy, Considering the hobby, interest, age and gender of the patient	Cooperation, the same perceptions and strong commitment Socializing milieu therapy to all the mental hospital staff members Training the nurses in specific skill is necessary Needto complement the facilities	Need to try a pilot project Selecting, training and supervision Need to have regular schedule Have to consider the cost	Official rules of milieu therapy Milieu therapy program for all wards Involving milieu therapy activities in calculating credit point Staying focused on patients'treatment
Category 4: Involving staff, patient and family			
Subcategory: Motivation of the nurses is fundamental	Family involvement is needed	Willingness to care about the patients' rights	
Condensed unit: Need to manage reward and punishment properly Reward is not only money	Family has important role The families are lack of knowledge and willingness to participate and financial problem Need to socialize and have the regularly meeting with family	Involving all the patients Important to meet the patients' rights	

4.1 Implementation of milieu therapy is necessary

There are two sub-categories, in the category, implementation of milieu therapy is necessary in the mental hospital. That is the nurses' ambivalent feelings during working at the mental hospital and a desire to develop active treatments, for more details as following

4.1.1 Nurses' ambivalent feelings during working at the mental hospital

From the result of multistage focus group interviews in both wards, Dahlia and Teratai I found data that at the same time the nurses felt two different feeling during working at the mental hospital, happiness and dissatisfaction, but they had a little bit different reason about it.

Some of the nurses felt happy and excited because they gain some rewards from the mental hospital, even though, the rewards are not good enough

"I have been working at the mental hospital for seven years. Talking about the feeling, there has been a lot of fun. I am happy working at the mental hospital because I gain some rewards here. Even though, they are not good enough"

The other nurses felt that relationship among the fellow nurses is very good. They believed that good relationship could help them in completing their job in their ward and they would feel comfortable on it

"The best thing here and I am happy because we have a good relationship among the fellow nurses at the mental hospital, especially in this ward, we helped each other among the nurses to completed our jobs"

Meanwhile the nurses in Dahlia felt the management of the mental hospital does not adequately support the nurses or patients. It was related to implementation of the management of professional nursing practice (MPKP). MPKP Dahlia ward is used to be a special ward but it is now no longer special, currently, this ward is to be like any other wards in management, but it is still different in the number of patient. Nevertheless, the nurses understood that the mental hospital has a lot of limited to support them but they hope the management could do better than now for the patients when they were hospitalized.

"Sometimes I feel not satisfied working at the mental hospital because we do not get enough support from the management, for example MPKP Dahlia ward (used to be a special ward but it is now no longer special). We know exactly the fund and human resources of the mental hospital are limited, but we hope that we could try a lot of ways to provide better care to patient"

The nurses also felt happy and satisfied when they were able to help the patients, particularly when they conducted talking therapy (therapeutic communication) and the patient understood what they were teaching to them. They were also happy because there was a good atmosphere in their workplace. They were very satisfied with the good relationship among the fellow nurses and they also thought that the mental hospital have done a lot of programs to provide better care to the patients. But they also hoped that the mental hospital could increase their treatment programs to the patients in the future at many aspects, especially to provide the facilities that patients needed in the ward.

"I am happy to work at Aceh mental hospital because the nurses are working harmoniously; in addition, the cooperation among the nurses is good. The mental hospital has been developing a lot of things to provide better treatment for the patients but we have to increase our service to the patients. They must get better treatment than now...I am glad to be able to help patients and I feel satisfied when the patients understood what I was teaching to them ".

On the other side, the nurses in Teratai felt not satisfied because a lot of patients in their ward meanwhile the number of nurses working in Teratai are inadequate. There are so many patients in the ward cause a lot of problems, for example they could hit one another and the nurses would be not able to provide the best health service to all the patients.

"I was very sad to see the patient is beaten by other patients...I am not satisfied because we do not provide best treatment to the patient and there are so many patients at the mental hospital.....Meanwhile the number of nurses working at the mental hospital is small".

4.1.2 A desire to develop active treatments

There is a desire at both wards to develop active treatments. Actually, milieu therapy is not a new thing for the nurses at the mental hospital, they have learned when they took their academy or bachelor but it was not so much. In 2011 the nurses in Dahlia and Teratai also have participated in dialogue-based teaching about milieu therapy with Aiyub (student of Hedmark University).

"I think milieu therapy is not a new thing in the mental hospital. However, we do not apply milieu therapy properly when we treat the patients"

Currently they thought that they did not yet provide best treatment to the patients and they are motivated to increase quality of their care. The nurses aware that milieu therapy is important and helpful to accelerate the recovery process of the patients. The nurses agreed that by implementing and involving patient in milieu therapy can help the patient to socialize, especially when they come back to their communities. So, one of the best ways to develop mental health care at the mental hospital is by involving environment in the therapy to the patient.

"Milieu therapy is an effort to involve environment (milieu) around the hospital or patients to speed up the recovery process of the patients...Milieu therapy is very important to patients and nurses. ...Milieu therapy can help patient socialize, especially when they come back to their communities...Milieu therapy is really necessary and the nurses need to work hard to implement it"

The mental hospital has been making effort to carry out some activities to the patient in a good milieu by providing rehabilitation unit. The nurses could bring the patient to this unit, but not all patients have occasion to get into rehabilitation unit program because there are a lot of patient in the wards. There is imbalance between the number of the patient and the facilities of rehabilitation unit. Meanwhile the nurses at ward have tried to create some activities that could help patient to get involve with the environment around them and the nurses believed in useful of this action and want to continue doing it.

"We have tried to implement milieu therapy at the mental hospital, such as walking the patients inside the mental hospital area, doing gymnastics, and I think the patients looked happy. Therefore, but we have to continue"

doing this...Currently, we bring the patients to the rehabilitation unit, but not all the patients could participate in rehabilitation unit because there is imbalance between the patient and the facilities of rehabilitation unit"

It is very important to give freedom to the patients. Currently most of the patients at mental hospital do not go anywhere and do not do many activities every day because they have to stay inside their locked room. Actually when the nurses allowed them to go out of their room, the patients would be very happy. The nurses aware about that and want to bring out the patients and conduct some activities outside the patients room but it was not easy because of so many patients, a number of the nurse is small, the support facilities is not enough and many of the patients are very sick. The nurses hope in the future the patients would have more opportunity to go outside their rooms and do some activities.

"Currently, the patients are almost always inside their locked room, once we gave them opportunity to go outside their room, they would look happy, it is important to provide their freedom"

The nurses said that we can start to implement milieu therapy from ordinary daily activities. They thought that milieu therapy is very large concept and they would face much challenges to implement it. However they believed that there are some activities that allowed conducting as a part of milieu therapy. The first step they could perform some activities such as watching television, reading newspapers or magazines because the facilities of these activities are available in the mental hospital.

"In my opinion, milieu therapy is very large but we can initiate it from simple things e.g. watching TV, reading newspapers or magazines or doing any other things that we can find in our ward"

Management support is needed to implement milieu therapy. The nurses in the mental hospital want to implement milieu therapy to accelerate the recovery of the patients, but they also need support from the management of the mental hospital, especially to keep their motivation. The nurses believed that the mental hospital have good resources, therefore all they need are to get support from the management.

"I think some nurses of the mental hospital have known about milieu therapy and many of them want to implement it for patient...if we get support from our management, we can implement it. I think that the nurses

want to implement milieu therapy at the mental hospital but they need a lot of supports to be motivated. I think the mental hospital has good human resources"

Cost is not a fundamental problem. The nurses realized that they need some support facilities to provide the best milieu and treatment programs to the patients. They had to create some approaches and activities to ensure the patients would get the best milieu and atmosphere during staying at the mental hospital and to prepare them back to their homes or communities. It meant we should have additional funds, but it is not a fundamental problem as long as the management of the mental hospital could manage it from the available funds.

"We need some additional funds to implement milieu therapy but it is not a big deal because we can take it from the available funds. We need to create milieu as close as possible to their milieu at homes or in the communities."

4.2 Challenges to implement milieu therapy

According to the result of the three times multistage focus group interview in Dahlia and Teratai wards there were some challenges to apply milieu therapy in the mental hospital. The category of challenges to implement milieu therapy became two sub-categories, too many patients and the support is not very good.

4.2.1 Too many patients

Because of a lot of patients in the mental hospital and most of them are very sick, the nurses have to put them in the locked room. There are imbalance between the number of the nurses and the patients in many of the wards in the mental hospital. At Teratai ward the nurses often got in trouble when they tried to bring some patients out of their ward because the other wants to go out as well. It was difficult choice for the nurses because often when the patients could not reach what they want then they would be confused and make noise inside their room. This atmosphere would influence the mood of the other patients; some of them would be confused and make noise as well.

"There are a lot of patients in the mental hospital, the patients are almost always inside their locked room...when we bring out some of them, and the other patients who are in their locked wards will be confused and make noise"

Many patients tried to escape from the hospital. It is absolutely a great challenge for the nurses at the mental hospital to implement milieu therapy out of the room of the patients. The nurses are always worried about this situation. Once the patients flee from the mental hospital the nurses have to take responsibility for it. There is a desire of the nurses to have better building design in their wards and around the mental hospital to allow the patients present outside the ward but not to escape. The nurses believed the patients always want to flee because the nurses locked them inside the room.

"The patients try to run away from the hospital because we lock them inside their wards... when the patient escape from the hospital, the nurses must take responsibility"

Another challenge relate to this context that many patients at the mental hospital was not all patients have the same opportunities to participate in activities which performed by the mental hospital staff members, for example in the rehabilitation unit. Beside a lot of the patients in this situation was caused by most of the patients were severely sick. It would cause almost only the same patients could participate in the rehabilitation unit, even though the type of activities are different.

"...Only the same patients get opportunities to participate activities in the rehabilitation unit. Even though the kinds of activities are different"

4.2.2 The support is not very good and resistance

The sub-category of the support is not very good and resistance is becoming six condensed units: the nurses are lack of knowledge about milieu therapy, not all nurses want to implement milieu therapy, not everyone is interested in new program, support is not consistent or sustainable, not a good cooperation among the staff, and it is not a good cooperation with the families.

The first condensed unit is the nurses are lack of knowledge about milieu therapy. Even though milieu therapy is not a really new thing for the nurses at the mental hospital but their knowledge about it is in low quality. Most of them have not yet understood about

milieu therapy because they did not learn specifically about it. However the nurses are very much motivated to apply milieu therapy at the mental hospital.

"Most of the nurses at the mental hospital are yet to understand about milieu therapy... The nurses are very much motivated but they are lacking of knowledge about milieu therapy activities"

The second challenge of the sub-category namely the support is not very good and resistance to implement milieu therapy is not all nurses want to apply it. Some nurses are really motivated to implement milieu therapy but other nurses are not really interested in this program because they think that they would face extra job. The nurses think that the mental hospital needs to socialize about this program to all nurses in order to get their participation in it.

"But we also face some challenges when we implement milieu therapy. One of the challenges is that the nurses are not really interested in doing extra job, we need to socialize it".

Another challenge is not everyone interested in a new program. The nurses said that it was common if the new things always raise pro and contra from the people including the nurses or other staff members of the mental hospital. In this case it needs time to socialize and persuade the people to accept milieu therapy program especially for patients at the mental hospital. The challenge is not only how to persuade them to participate in this program but also many of them are not ready to be involved because they are very sick.

"New things always raise pro and contra from people...not all the patients can take part in milieu therapy activities. It is hard to persuade people to accept new things, including milieu therapy program"

Further challenge is the support not consistent or sustainable. The nurses believed that they would gain support from the management of the mental hospital to implement milieu therapy but they hope the support could be consistent or sustainable. The nurses in Dahlia ward said that in their experience the support was not continuous for long time. This comment relate to the implementation of the Dahlia Ward. Previously, Dahlia is used to be a special ward in the mental hospital but now it is not special longer.

"I am sure the management of the mental hospital will support but its support might not be consistent or sustainable...we hope when we had decided to implement any program then we have to be consistent and consequent "

Next challenge is not a good cooperation among the staff member of the mental hospital. In fact there are many professionals who are working at the hospital. Some of them are directly involved in treating the patients such as psychiatrists, physicians, nurses, psychologists and physiotherapists, and the others are indirectly involved it such as nutritionists, administrative staff and etc. The nurses in Dahlia and Teratai aspired to gain much better cooperation relationship among all the professionals in the mental hospital. All the professional health providers both directly and indirectly involved in caring patients have to focus on providing the best treatment for patients. *"The relationship among health care team members is not very good"*

The last challenge to carry out milieu therapy in the mental hospital according to the nurses in Dahlia and Teratai wards is there is not a good cooperation with the families. Actually many families care about the patient, they often come to the mental hospital to visit the patients and tried to find out the treatment progress of the patients by communicating with the hospital staff members, particularly with the nurses. However some of them do not care about the patients. Once they bring the patients to the mental hospital to get treatment from the professionals there, then they hope the patients would stay for long time in the hospital. Another case was when the patient got well, the families did not take patient from the hospital and when the nurses dropped the patients to their homes or communities, the families did not accept them or sent back to the mental hospital immediately.

"The families of the patients seemingly do not care about the patients and their treatment progress and do not cooperate with the hospital staff members. They rarely come to hospital to visit the patients"

4.3 Aspirations in implementation of milieu therapy

Based on the result of the three times multistage focus group interview in Dahlia and Teratai wards there are some aspirations of the nurses in implementation of the milieu therapy in the mental hospital. This category consists of four sub-categories, which are

wish for creativity in activities, cooperation, facilities and skills that must be developed, starting gradually and milieu therapy has to be program of the mental hospital.

4.3.1 A wish for creativity in activities

The sub-category of a wish for creativity in activities consists of two condensed units. The first is several kinds of activities such as sport therapy, religious therapy, plant therapy, art therapy, recreational therapy, and skill and library therapy. The second is the nurse must be considering the hobby, interest, age and gender of the patient.

There are some activities that the nurses could carry out in the mental hospital as a part of milieu therapy such as sport therapy, religious therapy, plant therapy, art therapy, recreational therapy and skill and library therapy. The nurses both in Dahlia and Teratai are confident that these activities are suitable to the patients because they are easy to apply it, interesting and useful to patients, moreover it does not need too much funds due to the availability facilities in the mental hospital.

“There are some kinds of milieu therapy activities that we can implement at the mental hospital such as: sports therapy, religious therapy, plant therapy, arts therapy, recreational therapy, skill therapy and library therapy”

Furthermore to speed up the recovery of the patient during staying in the mental hospital, the nurses encouraged the activities for patients should be varied. It must include physical exercise to maintain fitness of the body e.g. doing gymnastics, playing futsal or walking around the hospital. They also need to get spiritual therapy for instance doing shalat together or reading Quran. These activities would produce peace of mind of patients as they are going to feel very close to god. Another important thing is to provide some activities which make patients relaxed and happy for example watching television and watching comedy movies. The next activities which are also important are to help patient having daily living skill for instance sew clothing or any other handicraft.

“Sports therapy e.g. doing gymnastics, playing futsal, foot ball, volley ball, and walking around the hospital; religious therapy e.g. reading Quran, doing prayer together, learning of religion; plant therapy e.g. planting cassava, ginseng, cucumber and flowers; arts therapy e.g.

painting, dancing, singing; recreational therapy e.g. going to the beach, watching television, watching comedy movies ; skill therapy e.g. sew clothing. Library therapy e.g. reading books and newspapers...we can perform some competitions among them".

The second subcategory is to be considering the hobby, interest, age and gender of the patient in providing activities for patients as a part in implementation of the milieu therapy. That would be successful if the patients are happy and not bored to do so. It means every activity according to their hobbies and interest. Another important thing is to offer activities that are appropriate to their age and gender e.g. dancing is very exciting for younger but is not to older, or playing foot ball is really nice sport for men but might be so boring for women. In addition if there are some different activities, then would allow the patient to have properly activity that is suitable to their hobby, interest, age and gender.

"When we implement milieu therapy, we have to adjust to the patients hobbies or interests...for example not all the patient like dancing or singing...adjusted to existing facilities and we must implement milieu therapy in varies activities to avoid boredom in patient... we have to consider age, gender, hobbies and interests of the patients"

4.3.2 Cooperation, Facility and skill must be developed

In the sub-category of cooperation, facility and skill must be developed which consists of four condensed units include cooperation, the same perception and strong commitment, socializing milieu therapy to all the mental hospital staff members, training the nurses in specific skill is necessary and need to complement the facilities which support to speed up the recovery of the patient.

In order to implement milieu therapy in the mental hospital, the nurses both in Dahlia and Teratai wards agreed that cooperation, the same perceptions and strong commitment from all the staff members of the mental hospital were absolutely needed. The nurses as a health professional team who are always caring patients directly all the time in the ward should establish a good relationship with other professional health teams, administrative staff and other support staff. The same perception is really necessary, all the staff has to focus on patients and make the patients as centre of their attention in

working. The nurses wish all the professionals are committed that recovering the patients as soon as possible is their goal.

"To implement milieu therapy at the mental hospital, the nurses must cooperate with all units at the mental hospital... the same perception and strong commitment from all units of the mental hospital about milieu therapy".

The next aspiration of the nurses in order to implement milieu therapy is socializing the milieu therapy program to all the mental hospital staff members. Actually the program of milieu therapy is yet familiar with the staff of the mental hospital, especially the staff who are not directly providing treatment to patients. Therefore socialization is very necessary to all staff including the management of the mental hospital especially for the nurses, beside socialization they need to obtain much more knowledge and skill in implementation of milieu therapy.

"I think the mental hospital should socialize milieu therapy to all the mental hospital staff members, and then train all staff about milieu therapy. The nurses and management of the mental hospital should know and understand about milieu therapy"

Training the nurses in specific skill is necessary. The milieu therapy is very large both in concept and practice. One of part of milieu therapy is to use a lot of kind of activities to speed up the recovery of the patients. The mental hospital should train the nurses and other staff to master some specific skill, for example handicraft or any other skill. If the staff is educated and have much knowledge and skill then they could stimulate the patients to participate in these activities and provide the real benefit for patients. The nurses also expected the training program would be sustainable and continuously in order to develop the quality of treatment for patients.

"We need to train some specific skills that we need to implement milieu therapy, e.g. gymnastic, futsal, handicraft...this program must be sustainable and continuously"

And afterward it needs to complement the facilities. Actually the mental hospital tried hard continuously to equip the facilities in all the wards including in Dahlia and Teratai. However the nurses hope the management could complement it in order to meet the patients' needs. The nurses believed that adequate support facilities in ward could create

comfort for the patients; this atmosphere would speed up the recovery of the patients. The nurses really realized that funds of the mental hospital was limited and need to distribute to all units of the hospital, therefore they did not hope expensive facilities but only the basic facilities which is needed by the patients.

“The facilities in our ward are not adequate, for example the water is less than we need ... we need some more facilities to support this program and need certain rules (SOP). The management should complement facilities in our ward to support milieu therapy program, we do not need luxurious or expensive facilities, but only simple facilities that needed by the patients in order to implement milieu therapy”

4.3.3 Starting gradually

The nurses are aware that they would face a lot of challenges to implement milieu therapy. The challenges might come from the nurses themselves, other staff, patients, families, facilities, and etc. Hence they thought the milieu therapy program has to be implemented gradually. In this sub-category i.e. starting gradually consists of four condensed units that is need to trying a pilot project, selecting, training and supervision which need to have regular schedule and have to consider the cost.

The nurses suggest starting implementation of milieu therapy by trying a pilot project. The first, the hospital could open a model ward and in the future must be continued for other wards. The nurses in Dahlia encourage model ward because they were experienced with it. Previously, since 2006 Dahlia was used to be a special ward but it is now not special longer. When the mental hospital try to manage model ward, then need to support this program continuously. *“...It is important to try a model ward (pilot project), the management should support this program continuously”*.

Once we would start to manage the pilot ward, the steps that must be done by the mental hospital is to select nurses, train and supervise. Selection is to find the nurses who are motivated to participate in this program; motivation of the nurses is the basic resource to start this project. After finding the nurses who want to be involved in the pilot ward, the next step is to train them on the implementation of milieu therapy. When the pilot ward starts running, the management should supervise them continuously. Supervision is useful to make sure that everything is going well and according to the goal.

"We need to select and train some nurses in trying to open pilot ward, and then we should conduct it in other wards gradually...the management also need to supervise continuously"

It is important to have regular schedule in every ward. The schedule might be for daily, weekly and monthly activities for the patients and the nurses. The nurses' schedule would clarify distribution of the tasks of the nurses and direct them to their job and responsibilities. The patients' schedule would make sure that they would get daily, weekly or monthly program. Currently, the schedule of activities for the patients and the nurses is yet very good, therefore the nurses hoped in the future the schedule both for the patients and the nurses must be regular, daily, weekly and monthly. Again the management should supervise and guide them continuously.

"It is important to have regularly timetable for the patients and the nurses. The timetable might be daily, weekly and monthly activities for the patients and the nurses...I think management of the mental hospital need to carry out continual supervision and guidance in all wards".

If the mental hospital would like to provide good milieu for the patients to support milieu therapy program, then they should consider the cost. Previously, the nurses had recommended the some activities which not to need a lot of funds and these activities are very suitable to support milieu therapy program. Here the nurses added that they might start with the simple activities and they hope it would be useful and please for the patients.

"We must also consider the additional funds when we implement milieu therapy at the mental hospital. We need to carry out the activities which do not need so much cost...Milieu therapy must be useful and pleasure for the patients...we can start with simple things or activities"

4.3.4 Milieu therapy has to be program of the mental hospital

In this sub-category, milieu therapy has to be a program of the mental hospital which consists of four condensed units that is to have definitive rule of milieu therapy, milieu therapy program for all wards, involving milieu therapy activities in calculating credit point, staying focus on patient treatments.

There has not been a tradition in the mental hospital to carry out milieu therapy principles when they treated the patients. Currently, the mental hospital more emphasized medicine approach (medicine model) to treat the patient. The nurses thought that it would speed up the recovery of the patient if they combine medicine approach and milieu therapy. In order to initiate it, the nurses look forward any official rules of implementation milieu therapy from the management. The rules would clarify the responsibilities of the staff and allow the management to supervise and provide rewards or punishment to the staff.

"We need the definitive rules from the management about implementing of milieu therapy at the mental hospital...we need continual supervision and guidance"

Beside to manage a pilot ward as a first step, the nurses recommended milieu therapy program for all wards. Utilization of the any milieu resource in the mental hospital to speed up recovery of the patient should be concern of the management. It would be successful when the mental hospital conclude the milieu therapy as a program to increase quality of the treatment, beside medicine and other approaches. They also recommended, in implementing of any program, job distribution and supervision is absolutely needed

"There are some important things in order to implement milieu therapy at the mental hospital. The milieu therapy has to be a program of the mental hospital, it is not only in the some wards but also all of them are obligatory to implement milieu therapy... it is very important a fair job distribution and regularly supervision to the nurses".

Another thing that the mental hospital might do in order to implement milieu therapy program is to involve milieu therapy activities in calculating credit point. Currently, the nurses should collect a number of credit points to be promoted, to get higher grade (affecting the position and salary). They nurses said, even though the point of doing milieu therapy activities is not so much, it would not be a problem because the main goal is the nurses would be familiar and caring to milieu therapy program.

"We can try to involve milieu therapy activities in calculating credit point (for promotion of employee), even though, it is not so much point, but the nurses would be familiar to milieu therapy"

4.4 Involving staff, patient and family

The last category of the result from this study is to involve staff, patient and family in implementation of milieu therapy. This theme consists of three categories that is motivation of the nurses is necessary, family involvement is needed and willingness to care about the patients' rights.

4.4.1 Motivation of the nurses is fundamental

Motivation of the nurses is fundamental. A program would be successful when the staff who involve in it are motivated to carry out their task and responsibility. The management should take responsibility to motivate the staff in order to achieve the mental hospital goals. The nurses said that one of the ways to motivate the staff is to arrange the best atmosphere work for the staff through providing reward and punishment. The mental hospital must give a certain reward for the staff who did their job appropriately and responsibly, whereas for the bad staff they must be got punishment.

"We hope the management will manage reward and punishment properly to the mental hospital staff members in order to motivate them. Management of the mental hospital must give a certain reward and punishment to the nurses... Management has to absorb aspiration from the nurses and motivates the nurses to implement milieu therapy"

The nurses added that the reward is not only money but might be in various kind of. There are many types of reward which the mental hospital could offer to the staff who did their best. Most of the nurses said that opportunity to gain training as their favorite reward and the other would like to get chance to pursue education to higher level.

"Reward might be in various kind of, they are not only money but also job promotion. One of type of the reward could be a opportunity to participate in a training in mental health care or pursue education to higher level".

4.4.2 Family involvement is needed

There are three subcategories in condensed units, family involvement is needed. The families have important role, the families are lack of knowledge and willingness to

participate and financial problem, and need to socialize and have the regularly meeting with family.

Family has essential role. The nurses said that the family of patient is a key factor in patient's recovery. The family had to visit the patient when they were treated in the hospital. Family visits would make the patients happy and appreciated. Many of the patients often felt sad and angry during staying in the hospital because their family did not visit them. Sometimes the patients said that their families had abandoned them. Furthermore, the families also should play important role to solve psychosocial problem of the patients when they returned to families or communities.

"In my opinion, families of the patients can contribute in many ways to speed up patients' recovery. They could be financial supporter or any other kind of supports...The families should play important role to solve psychosocial problem of the patients when the patients are in their families or communities. I think the families should do many things to help patients' recovery, especially when the patients return to their communities".

The families are lack of knowledge and willingness to participate and financial problem. The nurses both Dahlia and Teratai said there are some challenges to involve family in patient care e.g. geographic distance, financial limited, lack of knowledge and intention. The nurses said that they absolutely understand the problem of the patient. However, in order to succeed patient's recovery, the nurses should convince the family to take more part in this process.

"..The problem of the families are geographic distance and finance to come to the mental hospital and the families are lack of knowledge, intention and financial"

Need to socialize and have the regularly meeting with family. In order to reach support and participation of the family, the nurses should socialize milieu therapy for them. The nurses must explain some main points about milieu therapy such as understanding, advantage and what they could support for this program in the mental hospital, at home or in their community. Another important thing is to hold regular meeting with the family, in this meeting the nurses and family would discuss about the progress of treatment of the patient and the next step to speed up the recovery.

"We have to explain milieu therapy program to the all families of the patients. They need to know what milieu therapy is...Need to hold regular meeting with the families. We must hold monthly meeting. Nowadays, most of the families come rarely to the mental hospital to visit the patients"

4.4.3 Willingness to care about the patients' rights

In this subcategory i.e. willingness to care about the patients' rights. There are two wishes from the nurses. The first is involvement all the patients in milieu therapy program and secondly is importance to meet the patients' rights.

Involvement all the patients in milieu therapy program, currently there was many patients in the hospital which affect not everyone got chance to participate in many different activities. The nurses look forward all the wards are able to design good milieu and use milieu resource to speed up the patients' recovery. However the nurses were aware that actually not all wards could provide it to the patients in the best way, because at the some wards the patients were very sick, but the nurses hope that they could start utilization milieu from the simple thing around their ward or hospital. *"We need to involve all the patients at the mental hospital, especially calm patients in milieu therapy activities"*

It is important to meet the patients' rights. The nurses said at least the patient have two rights relate to implementation of milieu therapy. The first, the patients as the target of treatment need to get involve in their treatment planning. They have the rights to decide what they want and what do not. The nurses should discuss with the patient of their activities or treatment program. *"We need to meet the patient right to decide what they want. Milieu therapy is one way to help patient to meet their rights"*.

5. Discussion

In this chapter I will discuss the results of research that has been presented in detail in the chapter of research results, and then compare it with the theory to answer the research question. This discussion will be presented in five different sections, namely critique method, necessity implementation of milieu therapy, some challenges to implement milieu therapy, aspirations in implementation of milieu therapy, and the need to involve staff, patient and family.

According to the result of the study, it looks clearly there is a desire of the respondents to provide better treatment for the patients and one of the best ways is by implementing the milieu therapy. They are highly aware that it is not easy to implement it in the hospital, they would face a lot of challenges from the patient, family, staff and the facilities of the hospital but they believe if the hospital support it then the milieu therapy could be applied. They also have some aspirations in implementation of milieu therapy both the kind of activities, means of support, and how to get started. They also underline family, patient and all staff involvement are absolutely necessary to succeed this program.

5.1 Critique method

The central question in qualitative research is which criteria to use for assessing the 'truth value'. Internal validity presupposes a systematic collection of data over the entire research period (Hummelvoll, 2003; Granerud, 2008). Common criteria for establishing the trustworthiness of qualitative data are credibility, transferability, dependability, and confirmability (Polit and Beck, 2004; Granerud, 2008).

5.1.1 Credibility and transferability

One of the challenges in the implementation of this study is the lack of experience in conducting of study. But the challenge was helped by the knowledge that I have gained during studying about mental health at Hedmark University College in Norway.

Prolonged engagement is important for building trust and rapport with information, for in-depth understanding of the culture and testing for misinformation (Granerud, 2008). In this study, I am as a nurse at Aceh mental hospital, so I have a picture of mental health services in the mental hospital, and these became the important resource in the implementation of this study.

Granerud (2008) mentioned that sampling strategies may affect the data available for analysis. The sampling methods that I used in this study could be considered representing all the nurses at the wards as a place of the study. In Dahlia I used total sampling method whereas in Teratai I used stratified random sampling method, selecting eight of the twelve nurses in the ward. I did not use both head of the wards as the sample; the goal is to avoid intervention of them when the respondents convey their understanding, experience, and views during interview.

Transferability refers to the extent to which the findings from the data can be transferred to other settings or groups as well as to the concept of generalization (Grenerud, 2008). The result of study is considered can be transferred to the other wards in the mental hospital because the result is similar to studies that have been done in the mental hospital. The result of study is also almost the same from both wards; Dahlia and Teratai as the places of study. Therefore it could be considered reliable to use in other wards and hospital.

5.1.2 Confirmability and dependability

Confirmability refers to the objectivity or neutrality of the data (Granerud, 2008). The data of this study has through systematically collection of data and the analysis process, and was presented to supervisors and colleagues. The writing and presentation of reports containing detailed documentation of the process and the findings from the participants.

Dependability refers to a process that is systematic, logical and documented (Polit and Beck, 2004). The research plan was evaluated and presented to supervisors and colleagues before the start of implementation in the field. I evaluated the phases of the study and data analysis for several times to ensure that all processes have run on the right track, and the results were reliable. Data analysis process was conducted in English, which is not my native language. To overcome the limitations of English, I

consulted with English tutors. Furthermore, to improve the sharpness of the data analysis process I discussed it with my thesis supervisor.

This study used cooperative inquiry method. The important intervention in a cooperative inquiry study is dialogue-based teaching. I performed the dialog with the nurses in Dahlia and Teratai wards to discuss some of the main themes of the milieu therapy with expectation the knowledge which they gained through this dialogue could be applied and deepened in practice to improve the quality of the service in the wards. Furthermore, the important intervention is to form a steering committee as a discussion partner in the planning, implementation, and other important intervention.

Focus group interviews brought to light dimensions and understanding that would have been difficult to capture using other methods (Granerud, 2008). I used multistage focus group interviews to collect data. This method is considered a reliable way to find data widely and deeply. I carried out focus group interviews three times at each ward, which is expected to reach the saturation of data. I also made a brief summary of the interview at the end of each interview and the results was shared to the participants to be corrected, so that it could reduce misperceptions of data and could sharpen data on the next interview.

I used semi-structured interview questions to avoid the rigidity in collecting data. It would help the moderator to adjust the questions according to the situation that occurred during the interview. While the interview guides have been made in advance could help the moderator to guide the interview in accordance with the aims of the research questions. The interview guides has been evaluated several times and has received feedback and improvement from the research advisor. To avoid misperceptions about the process of the interviews, I had explained to participants about the purpose, procedures, and the type of data that I would like to collect in the interview. I also made a bid to participants to agree on some rules to be followed during the interview process.

5.2 Necessity implementation of milieu therapy

According to the nurses milieu therapy is an effort to involve environmental (milieu) around the hospital or patients to speed up the recovery process of the patients. Milieu therapy is really helpful for the patients since it could help patient to socialize

and to prepare themselves to go home or return to the community. The milieu therapy is not really a new thing in the mental hospital. The Nurses have tried to implement some parts of milieu therapy at the mental hospital, such as walking the patients inside the mental hospital area, doing gymnastics, therefore they want to continue doing it.

Based on the result of this study, implementing milieu therapy in the Aceh mental hospital was absolutely necessary. There are two important points here, namely the nurses' ambivalent feelings during working at the mental hospital and a desire to develop active treatments.

The nurses' ambivalent feelings during working at the mental hospital was occurred because they love to work there but they are not satisfied due to the treatment that they provided to the patient is not optimum yet and felt the management does not adequately support the nurses. Therefore they have a desire to develop active treatments in the mental hospital through implementation of milieu therapy.

The nurses were aware that involving milieu in therapy could speed up the recovery of the patient and help the patient when they return to their community. Kværna and Lund (2004) said that if the purpose of milieu therapy, the patient must learn to cope with life in the community then we have to characterize the milieu design in the ward, it must be as close to a normal life as possible.

The characteristics of the milieu of therapy which could help to speed up the patients' recovery are to have a familiar relationship among them, both the one patient to another, the staff with the patients and among the staff themselves. Convenience of the facilities, regulation and atmosphere in the ward or in the mental hospital has to be comfortable for the patients and staff. Feeling of security physically and psychologically, the nurses are supposed to arrange the milieu atmosphere which are very near to the patients' milieu at home or in their community and must avoid the objects that can be life-threatening patient. Ease of access to basic needs, the ward should guarantee that the patients could meet their basic needs during staying in the ward such as clothing, food and much more. The milieu must be clean, the clean milieu would increase the patient's comfortable and this condition make them pleased and feel at home when in the ward. Staff appreciates the clients this is the basic rule and attitude to be owned by the staff in order to treat the patients. Accept the clients' behavior in response to stress, the staff have to be aware, as the mental patients they

might be inappropriate behavior. Respect for the rights and opinions of the client include the right of informed choice. It was 24-hour supervision. There is a process of information exchange. There is socialization, group interaction and therapeutic communication and divide the clients' responsibility and involvement (Stuart and Laraia, 2001).

When the nurses could do much more for patients, it would increase their satisfaction. Obtaining satisfaction when the people conduct their job, it would help them much in accomplishing their responsibilities and increasing the quality of services. The nurses in both wards desired to interact with the patients as frequently as possible. This activity would allow them to communicate and teach the patients about a lot of things. This is quite suitable as said by Oeye (2009) that broadly defined, milieu therapy is a way of organizing daily life activities in a social milieu to gain therapeutic effects and positive patient outcomes.

Currently, the nurses in the mental hospital have conducted interaction in many ways such as talking therapy, eating together and exercise in the morning and so on. But these activities still face some challenges, beside the lack of the nurses' knowledge and support facilities; the mental hospital has not yet tradition in implementation milieu therapy (Kvernhaugen, 2009).

The nurses also believed that the implementation of the milieu therapy is one of the ways to provide optimal treatment to the patients. Implementing milieu therapy would allow the nurses and patients to meet and interact more frequently therefore helping them to find their problems and how to solve it.

Implementation of the milieu therapy is an effort to reinforce the patient empowerment in their recovery process. Milieu therapy enables the patients to take part as much as possible to accelerate their recovery. They could use all of their ability knowledge, skill and motivation to solve their problems. According to Hansson (2005), empowerment as a process to increase personal, interpersonal or political power of the patients as a result they can take action to improve their life situation.

Implementation of milieu therapy also allow the patient learns to adopt a behavior which is acceptable in the therapeutic milieu like learns to control hostility. The patient learns to make decisions which improve his self confidence. For the patients

with mental disorder, the most important occupation of the nurses is to help them to adopt a behavior which is acceptable in the therapeutic milieu.

Changing the environment in the best way would ensure every aspect of the hospital experience is therapeutic and this is the major goal of milieu therapy. Making these changes to an individual's current life situation as well as the environment is found to improve the value of all other therapy that person is undergoing. By enhancing these aspects of treatment, the patient's mental health improves, as does their ability to function in everyday life.

Milieu therapy is helpful for patients. There will be some benefit for patients when the mental hospital use the milieu in the treatment process during the patients stay at the hospital such as it would enhance the positive patient's experience with mental disorder / psychological. To assist individuals to improve self-esteem and the ability to interact with others include cultivating the attitude of trust in others. As stated by Stuart and Laraia (2001) that preparing for returning to society and achieving positive change in health.

The nurses also agreed that milieu therapy would encourage improvement quality of treatment. The nurses have many example about that, for instance when the patients were given time to go out for while from their locked rooms, the patients look happy. Another example is when the patients got chance to participate in skill activities at rehabilitation unit, they look enjoy it.

Milieu Therapy is also a salutagenesis process which the patient could create their positive health. A milieu therapy approach enables the patients to be a centre of the discovery and utilization of personal resources, either in the ward or in the community. Implementation of milieu therapy would provide chances to the patients to use all of their ability or resources to maintain and recover their health (Billing, Hashem, 2009).

5.3 Challenges to implement milieu therapy

The nurses believed that milieu therapy must be one of the primary modes of treatment in the mental hospital setting. In today's health care milieu, however, inpatient hospital stays are often too long for patients and need to develop meaningful relationships with one another. Therefore the concept of milieu therapy should be paid attention. Management of the milieu or environment is still a primary role for the nurse in terms of providing safety and protection for all the clients and promoting social interaction. It must be done despite the mental hospital would face many challenges.

The nurses said, there are two challenges to implement milieu therapy in the mental hospital, that is the support is not very good and resistance, and too many patients in the wards. The lack of support resources are including the lack knowledge of the nurses about milieu therapy, not all nurses want to implement milieu therapy, not everyone is interested in new program, the support of management is not consistent and sustainable, there is not a good cooperation among the staff and with the families of patients.

The nurses assumed that most of the nurses are very much motivated but they are yet to understand about milieu therapy. It is to be a basic challenge of implementing therapeutic milieu in the hospital. In this term the nurses should understand about understanding, purpose, advantage, role of the nurses, patient, family and how to apply milieu therapy. The Nurses must be aware milieu therapy is a way of organizing daily life activities in a social milieu to gain therapeutic effects and positive patient outcomes (Oeye, 2009).

Another challenge is not everyone interested in new program and wants to participate including the nurses themselves. One of the reason is milieu therapy would be extra job of the nurses at the wards and some of them are not really interested in doing extra job. The nurses also believed that it is normal if new things always raise pro and contra from people and it is hard to persuade them to accept that and to take part in this activities. However the participants also believed if the nurses gain right information about milieu therapy then they would be interested. The nurses wish the mental hospital would educate health care professionals to be as skilled in facilitating

health as in treating patient and to improve health care by developing competencies of the nurses.

The next challenge is that normally, the management would support any new good program but its support might not be consistent or sustainable. The nurses in Dahlia were experienced about that. Previously, Dahlia is used to be a special ward (MPKP) but now it is not special longer because they found themselves lack of support from the management. The support of the management is absolutely important because the therapeutic and non therapeutic effect of the milieu therapy would depend on the hospital setting. If the hospital organization believes in milieu therapy approach for mentally ill patients, the effect can be achieved. Otherwise it is difficult for the nurses in the wards to achieve these goals. When the management and staff of the mental hospital get to know the advantages for the patients and the hospital, such an approach will be practical (nursingplanet.com, 2012).

Should also be of concern is the spirit of cooperation among the staff at the hospital. The nurses felt the cooperation among the staff must be improved. The nurses wish that there is a regular meeting among the units to find out and to solve their problem that relate to cross units partnership. The top management should manage and facilitate this meeting and supervise the cooperation among the units. The hospital management must have a strong focus on patients, especially to patient safety, which is applied in all management functions at the hospital for instance, trying to improve the quality continually, keeping focus on patients and staff, the hospital organizational systems and the internal environment in the hospital. The management does not just look at the managerial unit functions with conventional methods, but using a process that encourages the manager unit of the hospital to be running well.

Meanwhile the challenge of too many patients in the wards produced some situations for the staff and mental hospital such as they have to put patient in locked room almost all the time. The nurses in Teratai said that they had no many choices about how to set patients. The number of the patient is very large and the nurse is small. Furthermore, the facilities of the wards and the building design are not able to guarantee that the patients would not escape.

So, if they did not put the patients inside their room then many of the patients try to flee from the hospital. The nurses tried hard to avoid that because if it happens, then it would put the nurses in problem. Beside made report to the management they also had

to search them and bring back to the mental hospital, once they did not find out the patient the nurses had to make report to police station. Regardless the risk for the nurses themselves, they would be very concerned because everything could happen to the patient after running away from the mental hospital.

Another situation due to a lot of patients in the wards is that not all the patients had the same opportunities to participate in different kind of activities both in the wards, rehabilitation unit and at other places inside or outside the hospital. The large number of the patients would be difficult for the nurses to organize them to do something. In addition, there are around 40 patients in one room make them got narrow space because not a lot of activities they could do inside their room and provoke unrest or competition among them. The nurses at Teratai also found when some of the patients were went out from the ward; the other who still stays inside it became anxious and noisy.

In brief, there are some advantages of implementation of milieu therapy in the hospital both to the nurse and patient. For the nurses, as they had said in focus group interview, they would be satisfied when could provide optimal treatment to the patients. Implementation of milieu therapy would allow them to do their best for treating the patients by using their knowledge, skill and experience. For the patients, they would get their freedom to involve in the treatment, learning to adopt a behavior which is acceptable in the therapeutic environment like learns to control hostility and patient will look at the group's assistance as a means to achieve better health. Milieu therapy is a means to establish therapeutic and pleasure relationship between the nurses and patients (Hummelvoll, 2008).

However, there are some disadvantages of implementation of milieu therapy such as role blurring between the nurses and patient, group responsibility can easily become nobody's responsibility in the ward, individual needs and concerns may not be met, patient may find difficulty of the transition to community, milieu therapy is limited to only hospitalized patients, requires continuous open communication among all staff and clients (nursingplanet.com, 2012).

5.4 Aspirations in implementation of milieu therapy

The nurses in Dahlia and Teratai have some aspirations in implementation of milieu Therapy. They offer some ideas to improve the quality of treatment in order to speed up patient's recovery. There are four ideas, the first there is a wish for creativity in activities for the patients. Secondly, they look forward cooperation among the staff and with the patients, the facilities in the wards and skill of the staff must be developed. Third, the hospital and wards could start implementation of milieu therapy gradually. And the fourth, milieu therapy has to be program of the mental hospital.

The nurses wish creativity in activities. The nurses offered some activities to carry out in the hospital as a part of implementation of milieu therapy. These activities were possible to applied because easy to do which include support facilities, interesting for patient and nurse and not to need a lot of cost. The activities consist of sports therapy, religious therapy, plant therapy, arts therapy, recreational therapy, skill therapy and library therapy. Sports therapy e.g. doing gymnastics, playing futsal, foot ball, volley ball, and walking around the hospital; religious therapy e.g. reading Quran, doing prayer together, learning of religion; plant therapy e.g. planting cassava, ginseng, cucumber and flowers; arts therapy e.g. painting, dancing, singing; recreational therapy e.g. going to the beach, watching television, watching comedy movie ; skill therapy e.g. sew clothing, library therapy e.g. reading book and newspaper.

When implementing therapeutic milieu for the patients then need to consider the hobby, interest, age and gender of the patient. As human beings, the patients are unique creature. There are differences hobbies, interests and talents among them. The nurses should try to accommodate, absorb, and create the activities that accordance with the wishes of the patients. The different kind of activities would interest the patients to participate in it and avoid boredom in patient.

The ideas of the nurses are suitable to Hummelvoll (2008). He said that it is necessary that nurses and other milieu workers create varied methods in the treatment of the patient to improve their curiosity and participation. This could be the use of literature, dance movement and music, play through physical activity, collage and painting, role play and psychodrama.

Another aspiration of the nurses in implementation of milieu therapy is that cooperation among the all units of the hospital, support facilities in the ward and hospital, and skill of the staff must be developed. In order to develop cooperation among units member, socializing milieu therapy to all the mental hospital staff members is quite important. Once the staff understands properly about that, it would enable them to have the same perception and strong commitment to take part in these activities.

Meanwhile to complement the facilities both soft and hard wares, the nurses hope that the management would allocate a little number of budgets and the milieu therapy program must be included in budget planning of the mental hospital. Actually, the facilities in the hospital are already enough to create a therapeutic milieu. All the management needs to do now is to complement facilities which needed for the patient but the hospital does not have it yet.

Using milieu properly to support patients' recovery has not been tradition in the hospital. Therefore, it would be great if the hospital try to start milieu therapy gradually. The nurses propose to initiate with a pilot project. Actually, the hospital was experienced with it by implementing management of professional nursing practice (MPKP) in Dahlia ward and it was going well. To begin this phase the hospital could select some nurses who are motivated and excited to take part in this program. Selection must be open so that all the nurses have the same opportunity to be elected. The next step is to train the nurses who have been elected. The training might be about implementation of milieu therapy and some specials skill for the nurses that are needed. Hummelvoll (2008) said that for the majority of these methods will be sufficient when the staff wants, interests and enthusiasm enough to try them out, but others - such as psycho-drama - will require personnel who have trained for this activity.

Another important thing is to supervise them continuously. Supervision could be done by management or another team that is mastered or experienced in milieu therapy. It is necessary to do in order to make sure that this program would be running well. The supervision also would enable interaction between management and staff so that allowing providing guidance and implementing reward and punishment.

Furthermore, regular schedule is needed. To speed up the patients' recovery through implementation of milieu therapy then beside providing a therapeutic milieu the patient also need to have regular activities in the hospital. The activities should be arranged in a timetable might be daily, weekly and monthly activities for the patients and nurses. The

nurses said that currently they did not have regular schedule both for patient and themselves. The nurses are optimistic the regular schedule would guide them and the patients to practice activities every day regularly.

The nurses wanted the milieu therapy to be official program of the mental hospital. It means the hospital and nurses work together to provide a therapeutic milieu for the patient both design of building, facilities and atmosphere of the wards and hospital. A therapeutic milieu is a safe space, respect each other, there is a non punitive atmosphere which minimize the environmental stress and provides a chance for rest and self nurturance, a time to focus on the development of strengths, and an opportunity to learn to identify alternatives or solutions to problems and to learn about the psychodynamics of those problems.

5.5 Involving staff, patients and family

In order to improve the quality of treatment and service for the patients through the implementation of milieu therapy, the nurses said that it needs to involve all parties that relate to the patients recovery program. The parties, at least consist of staff, patient and their families.

The nurses' opinion was accordance with what has been said by Hummelvoll (2008) that there are some principles in order to implement milieu therapy in the mental hospital. The principles are all the parties consist of the mental hospital staff member and patients have to work actively towards a common goal both for the treatment and management. It is important to develop common standards both for staff member and patients.

The nurses must ensure that physical environment in the hospital is structured to provide both private places for contemplation and reflection and larger areas for group interaction. The nurses in the mental hospital, as mental health specialists, play a fundamental role working within mental health care teams in the improvement of the quality of care for people with mental disorders (World Health Organization, 2001).

Regarding to involvement of staff, the nurses expected that the management should motivate the nurses for doing their job and responsibilities. It could be done by providing reward and punishment properly for the staff. The nurses underline that the

reward is not only money but might be a opportunity to participate in a training in mental health care if the mental hospital conduct it or pursue education to higher level.

The nurses both in Dahlia and Teratai really hope that there is a clarity regarding to reward and punishment. They want a clear reward when they are able to complete their occupation or responsibilities, vice versa the management should punish the staff who are not motivated or serious to perform their job. As mentioned earlier there are so many ways could be conducted to reward the staff. The simple example is to pay attention of them aspiration and help them to find problem solving of their ward. While the punishment could be done by giving penalty gradually from the lightest up to heaviest and the punishment must be to educate and improve the quality of the staff. They nurses believed that it could be reached if the management supervise them regularly by coming directly to the ward and communicating with them.

In relation to milieu therapy practice, the nurses' task is to guarantee that the patient would get sense of safe and comfortable during staying in the mental hospital. Tuck (1992) said that the mental health care teams have to provide a safe milieu and become experts in therapeutic milieu. In summary, nursing practice is based on two themes: one-to-one relationships and management of the patient milieu.

There are some nurses' role and function in milieu therapy, that is to manage and coordinate mental health care team members to ensure continuity of care and the patient have appropriate milieu. In addition, the nurses have to assess physiological and psychological status continually, influence of the milieu therapy, provide physical & safety care, medication administration and education, psychosocial care, mental health & health education.

The job of the nurse in milieu therapy is to maintain a safe and nurturing milieu for those in his care. Specific job might include assessing patients, developing treatment plans, facilitating group therapy, monitoring patient behavior and interaction, staging interventions, evaluating patient progress, meeting with families, consulting with community agencies and supervising employees.

According to Hummelvoll (2008) the nurses have three roles in implementation of milieu therapy. The roles are stimulating behavior change, confronting and leading. For the role of stimulating behavior change, the nurses in the mental hospital have to support and stimulate the patient's ability and willingness to growth and get bigger self-

confidence. The nurse must contribute to develop an atmosphere that allow patient to adopt new behaviors. On the confront role, the nurse have to utilizes interaction with patients to provide feedback to patients in order to allow patient more comfortable in ward. The Leader, in this role the nurse serves as a manager for patient. They take responsibility to set the group and the individual patient. The nurses could help the patients to set clear goals of the activities in the ward and ensure that activities are regularly evaluated. As a leader, the nurses would also have to include themselves in order to develop sense of community of the patients.

Regarding the involvement of the patient in their recovery's program there is a willingness of the nurses both in Dahlia and Teratai to care about the patients' rights and awareness to meet their rights. The nurses were really sure that milieu therapy was the best ways to care and meet patient's right because milieu therapy would allow them to participate actively in preparing and implementing their treatment program and helping them to propose ideas or to deny other proposal if they do not want to participate with.

According to the nurses there are some ways in order to care and to meet the patient's right. That is to involve them in planning of their treatment, provide the same opportunities for all the patients to participate in many different activities both in the ward or the mental hospital, create the milieu in the mental hospital which very near to atmosphere at their home, allow them to go out from their locked room, provide a chance to argue about their treatment, provide activities inside or outside their ward, help to have appropriate food and clothing and space, and return them to their families when they were recovered.

Meanwhile the nurses expected that the families could play more important role in patients' treatment process. The nurses believed that the families of the patients could contribute in many ways to speed up patients' recovery both in the mental hospital, at home and in the communities. The most important task is to ensure that when the patients returned home, the patients' treatment process was still continued and helped the patient to solve their psychosocial problem in families or communities. The nurses and other health professionals must be responsible to patient with mental disorders, both when the patients in the mental hospital, community or family (Almvik and Borge, 2006).

According to milieu therapy approach, if one family member is hospitalized, an attempt is made to continue family involvement. This is an effective way to improve family interaction and minimize the isolation resulting from hospitalizing one family member (Nursing planet.com).

In term of milieu therapy, the nurses hope the families would come frequently to hospital for visiting the patients. Currently, because of the families did not come to the hospital, many of the patients were very sad and always thought for coming home. They felt the families have thrown them out to the hospital and would not accept them anymore at home. Besides of that, the families have to be a financial supporter both to pay medicine and provide little bit extra food. Sometimes some of the patients have no money in pocket to buy snack and they would be confused when the other have it. It would be contrary to purpose of milieu therapy.

Nevertheless, the nurses were aware that the families are lack of knowledge and willingness to participate and financial problem as well. Therefore in order to find their participation in the milieu therapy program, the nurses need to socialize and hold regularly meeting with the families. They must educate the families about some advantages of implementing therapeutic milieu and motivate them to care more about.

6. Conclusion

Milieu therapy is an effort to involve environmental (milieu) around the hospital or patients to speed up the recovery process of the patients. The aim of this research is to find the best ways to implement milieu therapy in the Aceh mental hospital and the specific research question is how milieu therapy can be implemented in the wards of the Aceh mental hospital.

The categories were identified: necessity implementation of milieu therapy, some challenges to implement milieu therapy, aspirations in implementation of milieu therapy, and the need to involve staff, patient and family.

The findings from the study showed there is a desire of the nurses to provide best treatment for the patients by implementing the milieu therapy. They were aware that would face some challenges, but they believed if the hospital support it then the milieu therapy could be applied. They also have some aspirations in implementation of milieu therapy and underline family, patient and all staff involvement are absolutely necessary to succeed this program.

The future study, it might be useful to focus more on how to motivate staff in the wards to implement milieu therapy. Study could also be performed by the management on how to establish good cooperation with the staff in the wards for improving mental health care services in the mental hospital

References

- Almvik, A. & L.Borge (2006). Psykisk helsearbeid i nye sko. Bergen. Fagbokforlaget.
- Antonovsky, A. (1987). Unraveling the mystery of health: How people manage stress and stay well. San Francisco: Jossey-Bass
- Cowley, S, Ruth, J. (1999). Resources revisited: Salutogenesis from a lay perspective. *Journal of Advanced Nursing*, 1999, 29(4),994-10004
- David P. Rakel, M.D.,¹ Mary P. Guerrera, M.D., Brian P. Bayles, Ph.D.,Gautam J. Desai, D.O., Emily F. (2008). CAM Education: Promoting a Salutogenic Focus in Health Care. The journal of altrenative and complemenary medicine. Volume 14, Number 1, 2008, pp. 87–93. Mary Ann Liebert, Inc.
- Delaney KR. 1997. Milieu therapy: A therapeutic loophole. *Perspectives in Psychiatric Care* 33: 19–28.
- Denzin NK, Lincoln Y. (2005). Introduction: the discipline and practice of qualitative reseach. In Denzin NK, Lincoln Y, eds: *Handbook of qualitative research*, Thousand Oaks. Sage.
- Fetterman D.M. (1995) Empowerment evaluation: an introduction to theory and practice. In: *Empowerment Evaluation* (eds Fetterman, D.M., Kaftarian, S.J. & Wanderson, A.), pp. 1–30. Sage, London.
- Gampetro. P, Elizabeth A. Wojciechowski, Kim Siarkowski Amer. (2012). Life Concerns and Perceptions Of Care in Adolescents with Mental Health Care Needs: A Qualitative study In a School-Based Health Clinic. *Pediatric Nursing/January-February 2012/Vol. 38/No. 1*
- Granerud, A. (2008). Social integration for people with mental health problems, Goteborg. Nordic school of public health
- Green, J., Thorogood, N. (2004) *Qualitative methods for health research*, London. SAGE publications.
- Gutierrez LM. Working with women of color: an empowerment perspective. *Soc Work* 1990; 35: 149–53.
- Gunderson J.G. (1983). An overview of moderen milieu therapy. I: Gunderson J.G, Wills O.A., Mosher L.R. (red). *Principles and practice of modern milieu therapy*. New York : Jason Aronson.
- Hansson, Lars. Bjorkman, Tommy.(2005) Empowerment in people with a mental illness: reliability and validity of the Swedish version of an empowerment scale. *Journal. Nordic College of Caring Sciences, Scand J Caring Sci*; 2005; 19, 32–38

-
- Hummelvoll, J, K. (2008). Helt – ikke stykkevis og delt : Psykiatrisk sykepleie og psykisk helse. Oslo: Gyldendal akademisk.
- Hummelvoll, J, K. (2011) Cooperative inquiry-a model for developing nursing research in clinical practice. Norway. Hedmark University College.
- Hummelvoll, J, K. (2006). Handlingsorientert forskningssamarbeid: Teoretisk begrunnelse og praktiske implikasjoner. Norsk tidsskrift for sykepleieforskning.
- Hummelvoll JK and A Barbosa da Silva. 1994. A holisticexistential model for psychiatric nursing. *Perspective in Psychiatric Care* 30: 7–14.
- Jahoda M. (1958). Current concepts of positive mental health. New York. Basic book.
- Joice, P. (2008). Nursing research, designs and methods, Philadelphia. Churchill livingstone.
- Kvale, S. (1997). Det kvalitative forskningsintervju. Oslo: Ad Notam Gyldendal.
- Kvernhaugen, I (2009). Hvordan implementere en mer humanistisk praksis gjennom en endringsprosess når kulturelle og religiøs forhold gir store utfordringer ? Fordypningsoppgave 1 år, Master i psykisk helsearbeid, Høgskolen i Hedmark.
- Lindström U.A. (1994) Psykitrisk vårdlära. Falkoping: Liber Utbilding
- Lindström B, Eriksson M. (2005). Salutogenesis. *J Epidemiol Community Health*.
- Langeland. E, Astrid K. Wahl, Kjell Kristoffersen, Berit R. Hanestad. (2007). Promoting coping: Salutanenesis among people with mental health problem. *Issues in Mental Health Nursing*, 28:275–295, 2007. Informa Healthcare
- Lloyd, M (2007). Empowerment in the interpersonal field: discourses of acute mental health nurses. *Journal of Psychiatric and Mental Health Nursing* **14**, 485–494
- Murray, R. Huelskoetter, M (1991) Psychiatric / mental health nursing. California. Appleton & lange.
- Norton K. 2004. Re-thinking acute psychiatric inpatient care. *International Journal of Social Psychiatry* 50: 276–84.
- Oeyea. C, Bjelland. A. K, Skorpen. A, Anderssen.N. (2009). User participation when using milieu therapy in a psychiatric hospital in Norway: a mission impossible?. *Nursing Inquiry* 2009; 16(4): 287–296
- Powell R A, Single H M. (1996) Methodology matters-V: focus groups. *International journal for quality in health care* 8: 499-504.
- Polit, D,. & Beck, C. T. (2010). Nursing research: Generating and assessing evidence for nursing practice. London. Wolter Kluwer.

- Rachel J, Florence B, Raheelah A, David M, Rifat A. (2011) Mental health and the global agenda:core conceptual issues. Article. *Mental Health in Family Medicine* 2011;8:69–82. Radcliffe Publishing.
- Silverman, D. (2006). *Interpreting qualitative data* (3rd ed.), London: Sage Publications.
- Speziale H.J, Carpenter. D. R. (2007). *Qualitative research in nursing : Advancing the humanistic imperative*. 4th edition. London. Lippincott William & Wilkins
- Stensrud, B. (2007). *Miljøterapi: virksomme elementer i miljøterapi rettet mot behandling av psykolidelser*. Hogskolen i Hedmark
- Stuart.G.W, Sundeen. S.J.(1998). *Principles and Practice of Psychiatric Nursing*. Mosby-Year Book.
- Sullivan, G. (1989). Evaluating Antonovsky's salutogenic model for its adaptability to nursing. *Journal of Advanced Nursing*, 14, 336–342.
- Tuck. I, Keels.M.C. (1992). Milieu therapy: A Review of development of this concept and its implications for psychiatric nursing. *Issues in Mental Health Nursing*, 13:51-58, 1992. Hemisphere Publishing Corporation
- Waterman H, Tillen D, Dickson R.(2001). *Action research: a systematic review and assesment for guidance*. Health Technology Assessment
- Wood, GL and Haber, J. (2010). *Nursing research: methods and critical appraisal for evidence – based practice*, 7 th edition. Missouri. Mosby Elsevier.
- World Health Organization (2001). *Bulletin of the World Health Organization*, 2001, 79 (4)
- Yosep, IYUS. (2007). *Mental nursing*. Bandung: PT Refika Aditama.
- Yurkovich E. (1989). Patients and nurse roles in the therapeutic community. *Perspectives in psychiatry care*, nr.3/4
- Øvergaard, M.(2011) *Sagatun brukerstyrt senter-brukererfaringer*. Rapport nr. 1, Hedmark: Hogskolen i Hedmark
- Focus-alternativ. (2012). Milieu therapy. Retrieved 02.02.2012. from: <http://www.focus-alternative.org/milieu.htm>
- Harian Aceh. (2011). 9000 warga Aceh Sakit Jiwa. Retrieved 26.12.2011. from : <http://harian-aceh.com/2011/08/26/9000-warga-aceh-sakit-jiwa>
- World Medical Association. (2012). The declaration of Helsinki- ethical Principles for Medical Research Involving Human Subjects. Retrieved 01.07.12 from <http://www.wma.net/en/30publications/10policies/b3/>
- Nursingplanet. (2012). Nurses' Role in Milieu Therapy. Retrieved 04.06.2012. from http://nursingplanet.com/pn/milieu_therapy.html

Sely-biru. (2010).Milieu therapy. Retrieved 06.2010. from :

<http://sely-biru.blogspot.com/2010/06/milieu-therapy-terapi-lingkungan.html>

Wikipedia. (2010). Aceh. Localized 19.09.2010 on : <http://en.wikipedia.org/wiki/Aceh>

Appendix I

Letter of invitation

To :

.....

Assalamu'alaikum WW

Dear freinds,

Through this letter, I would like to invite you to become a participant in the research that takes the theme "How to find the best ways to implement milieu therapy in the wards of Aceh mental hospital ?".

As a researcher, I have a task to inform participants about the objectives and implications of the research. This research is carried out in cooperation among Banda Aceh mental hospital, Akper Ibnu Sina Kota Sabang (Akis) and Hedmark University College.

The research aim is to develop practical skills and knowledge about the milieu terapy at Dahlia and Teratai wards in the Banda Aceh mental hospital. Processing of data will be carried out in qualitative methodology. All information of informants will be respected on confidentiality . Only the researcher and supervisor have access to the raw data collected, while the other people have only access to data analysis results with anonymity

Therefore, it will be helpful if you participate as co-researchers in the research and become informants in the three focus group interviews. You can resign as informant during the research if you want to. The focus group interviews take time approximately 2 hours for each interview. To facilitate the recording of focus group interviews, I will use the tape, and in this connection, I would keep the secret of the recording from the access of others, and it will be clear when the interview transcription has already done.

Thus, the research information is conveyed to give understanding to participants, and if you would like to participate in this research, please fill out the consent form on the back (Appendix).

Finally, I would like to say thank you for your participation, and hope that you could participate in all of phases of the research activities until it is completed.

Researcher

Muhammad Armiyadi

Appendix II

PARTICIPANT CONSENT

TO BE AN INFORMANT IN FOCUS GROUP INTERVIEW

I sign this agreement

Name :

Place and date of birth:

Profession :

Address :

After I get a clear information from the researcher about the research activities that will be performed in my department, then through this consent form, I declare to participate in focus group interviews that will be performed to collect data to answer the research problem that takes the theme "How to find the best ways to implement milieu therapy in the wards of Aceh mental hospital ? "

Thus, I fill out this consent form with consciousness, without coercion from others.

Participant

(.....)

Appendix III

Focus group interview

1. Could you tell me, how you feel during working in Aceh mental hospital ?
2. What do you think when you are hearing about milieu therapy ?
3. How could we implement milieu therapy principles in our ward ?
4. What are our strengths and weaknesses to implement milieu therapy in the hospital ?
5. Do you have any idea how we can implement milieu therapy in the hospital ?
6. What kinds of activities can we try to implement milieu therapy in the hospital?
7. Could you tell me how to initiate implementing of milieu therapy in the hospital
8. Please tell me, how to motivate nurses for implementing milieu therapy in the hospital ?
9. In your opinion, what the hospital staffs have to do for implementation of milieu therapy in the hospital ?
10. And what the hospital authorities must do for implementation of milieu therapy in the hospital ?
11. What are the patient and their family's role in supporting implementation of milieu therapy in the hospital

Appendix IV

Data analysis

Meaning Unit	Condensed Unit	Sub-catagories	Catagories
<p>I have been working at the mental hospital for seven years. Talking aboutthe feeling, there has been a lot of exciting things. I am happy working at the mental hospital because I gain some rewardseven though, they are not good enough.</p> <p>I am happy to work at Aceh mental hospital because the nurses are working harmoniously, in addition, the cooperatian among the nurses is good. The mental hospital has been developing a lot of thing to provide better treatment for the patients.</p> <p>I am glad to help patients and I feel satisfied when the patients understand what I teach them...but I am very sad to see the patient is beaten by other patients</p> <p>I am not satisfied because we do not provide the best treatment to the patients and there are so many patients at the mental hospital.....Meanwhile the number of nurses working at the mental hospital is is not sufficient</p> <p>Sometimes I feel not satisfied working at the mental hospital because we do not get enough support from the management, for example MPKP Dahlia ward (used to be a special ward but it is now no longer special).</p>	<p>Nurses are happy working at the mental hospital</p> <p>Collaboration among the nurses is good</p> <p>Satisfied when the patient understand</p> <p>The treatment provided to the patient is not optimum</p> <p>The management does not adequately support the nurses</p>	<p>Nurses' ambivalent feelings during working at the mental hospital</p>	<p>Necessary to implement milieu therapy</p>
<p>Milieu therapy is an effort to involve environment (milieu) around the hospital or patients to speed up the recovery process of the patients.</p> <p>I think milieu therapy is not a new thing in the mental hospital. However, we do not apply milieu therapy properly when we treat the patients.</p>	<p>Involving environment in therapy</p> <p>The nurse have too little knowledge about milieu therapy</p>		

<p>We have tried to implement milieu therapy at the mental hospital, such as walking the patients inside the mental hospital area, doing gymnastics, and I think the patients looked happy. Therefore, but we have to continue doing this</p> <p>Milieu therapy is really helpful for the patients...It helps the patients to prepare themselves to go home or return to the community. Milieu therapy is very important to the patients and nurses. Currently, we bring the patients to the rehabilitation unit...Milieu therapy is really necessary and the nurses need to work hard to implement it...Milieu therapy can help patients socialize each other, especially when they come back to their communities.</p> <p>Currently, the patients are almost always inside their locked room, once we gave them opportunity to go outside their room, they looked happy</p> <p>In my opinion, milieu therapy is very broad but we can initiate it from simple things e.g watching tv, reading newspaper or magazine or doing any other things that we can find in our ward.</p> <p>I think some nurses of the mental hospital have known about milieu therapy and many of them want to implement it for patients...if we get support from our management, we can implement it. I think that the nurses want to implement milieu therapy at the mental hospital but they need a lot of supports to be motivated. I think the mental hospital has good human resources</p> <p>We need some additional funds to implement milieu therapy but it is not a big deal because we can take it from the available funds.</p>	<p>They nurses have been implementing a little milieu therapy</p> <p>Milieu therapy is helpful for patients</p> <p>Important to give freedom to the patient</p> <p>Starting from ordinary everyday activities</p> <p>Management support is needed</p> <p>Cost is not a fundamental problem</p>	<p>A desire to develop active treatments</p>	
---	--	--	--

<p>Most of the nurses at the mental hospital yet to understand about milieu therapy... The nurses are very much motivated but they are lacking of knowledge about milieu therapy activities</p> <p>...But we also facesome challenges when we implement milieu therapy. One of the challenges is that the nurses are not really interested in doing extra jobs...</p> <p>New things always raise pro and contra from people...not all the patients can take part in milieu therapy activities. It is hard to persuade people to accept new things, including milieu therapy program</p> <p>I am sure the management of the mental hospital will support but its support might not be consistent or sustainable.</p> <p>...The relationship among health care team members is not very good</p> <p>The families of the patients seem do not care about the patients and their treatment progress and do not cooperate with the hospital staff members.</p>	<p>The nurses are lack of knowledge about milieu therapy</p> <p>Not all nurses want to implement milieu therapy</p> <p>Not everyone is interested in new program</p> <p>Support is not consistent or sustainable</p> <p>It is not a good cooperation among the staff</p> <p>It is not a good cooperation with the families</p>	<p>The support is not so good and resistance</p>	<p>Challenges to implement milieu therapy</p>
<p>There are a lot of patients in the mental hospital, when we bring out some of them, the other patients who are in their locked wards will be confused and make noise.</p> <p>The patients try to run away from the hospital because we lock them inside their wards... when the patients escape from the hospital, the nurses must take responsibility...</p> <p>...Only the same patients get opportunities to participateactivities in the rehabilitation unit. Even though the kind of activities are different..</p>	<p>Patient in locked room</p> <p>Many the patients try to escape from the hospital</p> <p>Patients have not the same opportunitiesto participate</p>	<p>Too many patients.</p>	

<p>There are some kind of milieu therapy activities that we can implement at the mental hospital such as: sports therapy, religious therapy, plant therapy, arts therapy, recreational therapy, skill therapy and library therapy. Sportstherapy e.gdoing gymnastics, playing futsal, football, volley ball, and walking around the hospital; religious therapy e.greading Quran, doing prayer together, learning of religion; plant therapy e.g planting cassava, ginseng, cucumber and flowers; arts therapy e.g painting, dancing, singing; recreational therapy e.g going to the beach, watching television, watching comedy movies ; skill therapy e.g. sew clothing. Librarytherapy,e.g. reading books and newspaper...we can perform some competitions among them.</p> <p>When we implement milieu therapy, we have to adjust to the patients hobbies or interests...for example not all the patient like dancing or singing...adjusted to existing facilities and we must implement milieu therapy in vary activities to avoid boredom in patient...we have to consider age, gender, hobbies and interests of the patients</p>	<p>Sport therapy, religious therapy, plant therapy, art therapy, recreational, skill and library therapy,</p> <p>Considering the hobby, interest, age and gender of the patients</p>	<p>A wish for creativity in activities</p>	<p>Aspirations in implementation of milieu therapy</p>
<p>To implement milieu therapy at the mental hospital, the nurses must cooperate with all units at the mental hospital... the same perception and strong commitment among all units of the mental hospital about milieu therapy...</p> <p>I think the mental hospital should socialize milieu therapy to all themental hospital staff members, and afterwards train all staff about milieu therapy. The nurses and management of the mental hospital should know and understand about milieu therapy</p> <p>We need to train some spesific skills that we need to implement milieu therapy, e.g gymnastic, futsal, handicraft...this program must be sustainable and continuously.</p>	<p>Cooperation, the same perceptions and strong commitment</p> <p>Socializing milieu therapy to all the mental hospital staff members</p> <p>Training the nurses in specific skill is necessary</p>	<p>Cooperation, facilities and skills must be developed</p>	

Need to allocate budget for the milieu therapy program... milieu therapy must be included in budget program of the mental hospital. The facilities in our ward are not adequate, for example the water is less than we need ... we need some more facilities to support this program and need certain rules (SOP).The management should complement facilities in our ward to support milieu therapy program, we do not need luxurious or expensive facilities, but only simple facilities that needed by the patients in order to implement milieu therapy	Need to complement the facilities		
<p>...It is important to try a model ward (pilot project), the management should support this program continuously.</p> <p>We need to select and train some nurses in trying to open pilot ward, and then we should conduct it in other wards gradually...we also need to supervise them continuously</p> <p>It is important to have regularly timetable for the patients and nurses. The timetable might be daily, weekly and monthly activities for the patients and nurses...I think management of the mental hospital need to carry out continual supervision and guidance in all wards.</p> <p>"We must also consider the additional funds when we implement milieu therapy at the mental hospital. We need to carry out the activities which does not need so much cost...Milieu therapy must be useful and pleasure for the patients...we can start with simple things or activities"</p>	<p>Need to try a pilot project</p> <p>Selecting, training and supervision</p> <p>Need to have regular schedule</p> <p>Have to consider the cost</p>	Starting gradually	
<p>We need the definite rules from the management about implementing of milieu therapy at the mental hospital...we need continual supervision and guidance.</p> <p>There are some important things in order to implement milieu therapy at the mental hospital. The milieu therapy has to be a program of the mental hospital, it is not only in the some wards but also all of them are</p>	<p>Official rules of milieu therapy</p> <p>Milieu therapy program for all wards</p>		

<p>obligatory to implement milieu therapy... it is very important a fair job distribution and regular supervision to the nurses.</p> <p>We can try to involve milieu therapy activities in calculating credit point (for promotion of employees), even though, it is not so high point, but the nurses will be familiar to milieu therapy</p> <p>...all staffs in the mental hospital have to work seriously to help patients (stay focus to patients)</p>	<p>Involving milieu therapy activities in calculating credit point</p> <p>Stay focussing on patient treatment</p>	<p>Milieu therapy has to be program of the mental hospital</p>	
<p>We hope the management will manage reward and punishment properly to the mental hospital staff members in order to motivate them..Management of the mental hospital must give a certain reward and punishment to the nurses... Management has to absorb aspiration from the nurses and motivate the nurses to implement milieu therapy</p> <p>...Reward might be in various kind of, they are not only money but also job promotion. One of types of the reward could be a opportunity to participate in a training in mental health care or pursue education to higher level</p>	<p>Need to manage reward and punishment properly</p> <p>Reward is not only money</p>	<p>Motivation of the nurses is fundamental</p>	
<p>In my opinion, families of the patients can contribute in many ways to speed up patients' recovery.They could be financial supporter or any other kind of supports...The families should play important role to solve psychosocial problem of the patientswhen the patients are in their families or communities....I think the families should do many things to</p>	<p>Family has important role</p>		<p>Involving staff, patient and family</p>

<p>help patients' recovery, especially when the patients return to their communities</p> <p>..The problem of the families are geografic distance and finance to come to the mental hospital and the families are lack of knowledge, intention and financial</p> <p>We have to explain milieu therapy program to the all families of the patients. They need to know what milieu therapy is...Need to hold regular meeting with the families. We must hold monthly meeting. Nowadays, most of the families come rarely to the mental hospital to visit the patients</p>	<p>The families are lack of knowledge and willingness to participate and financial problem</p> <p>Need to socialize and have the regular meeting with family</p>	<p>Family involvement is needed</p>	
<p>...We need to involve all the patients at the mental hospital, especially calm patients in milieu therapy activities</p> <p>We need to meet the patients' right to decide what they want.Milieu therapy is one way to help patient to meet their rights</p>	<p>Involving all the patients</p> <p>Important to meet the patients' rights</p>	<p>Willingness to care about the patients' rights</p>	

